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<th>diag_proc</th>
<th>reason_for_denial</th>
<th>indication_offered</th>
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<tbody>
<tr>
<td>Advanced Practice</td>
<td></td>
<td>70450 CT BRAIN, HEAD</td>
<td>This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.</td>
<td>1</td>
</tr>
<tr>
<td>Advanced Practice</td>
<td></td>
<td>70450 CT BRAIN, HEAD</td>
<td>This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is not described as a “thunderclap” or the worst headache of the patient’s life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.</td>
<td>1</td>
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<td>Advanced Practice</td>
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<td>70450 CT BRAIN, HEAD</td>
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<td>Advanced Practice</td>
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<td>70450 CT BRAIN, HEAD</td>
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<td>Advanced Practice</td>
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<td>70450 CT BRAIN, HEAD</td>
<td>This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.</td>
<td>1</td>
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<tr>
<td>Advanced Practice</td>
<td></td>
<td>70450 CT BRAIN, HEAD</td>
<td>This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.</td>
<td>3</td>
</tr>
<tr>
<td>Advanced Practice</td>
<td></td>
<td>70450 CT BRAIN, HEAD</td>
<td>This is a request for a brain/head CT.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a brain/head CT.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.</td>
<td>1</td>
</tr>
<tr>
<td>Advanced Practice</td>
<td></td>
<td>70450 CT BRAIN, HEAD</td>
<td>This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.</td>
<td>1</td>
</tr>
<tr>
<td>Advanced Practice</td>
<td></td>
<td>70450 CT BRAIN, HEAD</td>
<td>This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.</td>
<td>2</td>
</tr>
</tbody>
</table>
This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.

This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.

This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.

This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for evaluation of known tumor. This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness.;"

This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness.;"

This study is being requested for a headache. This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.

"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT

"Enter answer here - or Type In Unknown If No Info Given."; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT

"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT

Pt has recurrent episodes of sinus problems.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT

This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT
Advanced Practice Registered Nurse Approval

70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST

This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT

Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; August 10, 2017; There has been treatment or conservative therapy.; Pain in both ears;&x0D; Ear fullness;&x0D; Chronic ear infection;&x0D; Chronic sinus problem;&x0D; Headaches;&x0D; Neck pain;&x0D; Sinus pressure;&x0D; Sneezing;&x0D; Sore throat;&x0D; Shortness of breath;&x0D; Swollen lymph nodes; Decadron injection; Prescribed Mucinex;&x0D; Decadron injection; Prescribed Mucinex;&x0D; Decadron injection; Prescribed Mucinex;

70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST

No info given.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/7/2017; There has not been any treatment or conservative therapy.; Dysphagia, sore throat, abscess; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for a diagnostic CT.; There has not been recent trauma or other injury to the neck.; It is unknown if there is suspicion of known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.; Yes this is a request for a Diagnostic CT

70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST

This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT

This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT
Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; August 10, 2017; There has been treatment or conservative therapy.; Pain in both ears; Ear fullness; Chronic ear infections; Chronic sinus problem; Headaches; Neck pain; Sinus pressure; Sore throat; Shortness of breath; Swollen lymph nodes; Decadron injection; Prescribed Mucinex; Prescribed Flonase; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does not have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; This headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are no recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.
none given.; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; Headaches&hellip;numbness and tingling of arms; back pain; blurred vision; agitation; Pt has been given blood pressure medications to see if that is what is causing pt.'s headaches. Even when her blood pressure is under control the pt still is suffering from migraines. Pt also has been given muscle relaxers and pain medication for both her; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Recent seizure causing neurologic SX's; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.

Since accident has had HA's, blurred vision, memory changes-forgetting things and can only remember flashes of his accident. Will forward clinical once note signed. MRI needed for eval.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is present associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.4

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).4

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.
This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing fatigue or malaise.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.

unknown; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT

"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT

&Ilt; Enter answer here - or Type In Unknown If No Info Given. &gt;: "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT
Advanced Practice Registered Nurse Approval 71250 CT CHEST, THORAX

- A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT

- One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

- A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT

- One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. 1

- A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT

- One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. 1

- A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT

- "There is evidence of a lung, mediastinal or chest mass noted within the last 30 days. ; They had a previous Chest x-ray. ; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT

- One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. 1

- Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT

- Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT 4

- Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT 1

- Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT

- CT Chest 08/24/2017 This is a follow up; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT

- Enlarged aorta; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT

- Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT

- Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT

- Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT

- Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT 1

- Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT

- Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT

- Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT 1
<table>
<thead>
<tr>
<th>Advanced Practice Registered Nurse Approval</th>
<th>Study Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>71250 CT CHEST, THORAX</td>
<td>Study of the previously approved abdomen and pelvis showed retroperitoneal lymph nodes.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
</tr>
<tr>
<td>71250 CT CHEST, THORAX</td>
<td>There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>71250 CT CHEST, THORAX</td>
<td>This is a request for a Thorax (Chest) CT.; Coughing up blood (hemoptysis) describes the reason for this request.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>71250 CT CHEST, THORAX</td>
<td>Unknown; &quot;There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.;&quot; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>71250 CT CHEST, THORAX</td>
<td>Known; This study is being ordered for Inflammatory/ Infectious Disease.; 10/19/2017; There has not been any treatment or conservative therapy.; Coughing, H2 of tuberculosis, HX of cocaine abuse, tobacco use disorder, high blood pressure; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
</tr>
<tr>
<td>71250 CT CHEST, THORAX 71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST</td>
<td>This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.</td>
</tr>
<tr>
<td>72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST</td>
<td>The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Evidence of a recent fracture on previous imaging studies.</td>
</tr>
<tr>
<td>72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST</td>
<td>This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT</td>
</tr>
<tr>
<td>72131 CT LUMBAR SPINE, LOW BACK</td>
<td>This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>72131 CT LUMBAR SPINE, LOW BACK</td>
<td>This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT &lt;none; This study is being ordered for trauma or injury.; 11-7-2017; There has been treatment or conservative therapy.; Numness and tingling in arms, with pain, pararatasis of the skin, pain in left arm and neck, degenerative disc disease and spurring, left hand weakness with difficulty making fists in the hand; Meds, Treatment and xray that indicate he needs MRI; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
</tr>
<tr>
<td>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
<td></td>
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</tbody>
</table>
Advanced Practice Registered Nurse Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms; There is weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

None; This study is being ordered for trauma or injury.; 10/04/2017; There has been treatment or conservative therapy.; Left neck pain and should pain. Low back pain; Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, the patient did not have a recent course of supervised physical Therapy.

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.
unknown; This study is being ordered for trauma or injury.; 09/29/2010; There has been treatment or conservative therapy.; Pain in the neck, upper and low back pain; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

unknown; This study is being ordered for trauma or injury.; 11-7-2017; There has been treatment or conservative therapy.; Numbness and tingling in arms, with pain, paratessis of the skin, pain in left arm and neck, degenerative disc disease and spurring, left hand weakness with difficulty making fists in the hand; Meds, Treatment and xray that indicate he needs MRI; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

unknown; This study is being ordered for trauma or injury.; 09/29/2010; There has been treatment or conservative therapy.; Pain in the neck, upper and low back pain; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

unknown; This study is being ordered for trauma or injury.; 09/29/2010; There has been treatment or conservative therapy.; Pain in the neck, upper and low back pain; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

unknown; This study is being ordered for trauma or injury.; 09/29/2010; There has been treatment or conservative therapy.; Pain in the neck, upper and low back pain; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain.; The patient has acute or chronic back pain.; The patient has none of the above.

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain.; The patient has acute or chronic back pain.; The patient has new or changing neurologic signs or symptoms.; The patient has a new foot drop.

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain.; The patient has acute or chronic back pain.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain.; The patient has acute or chronic back pain.; This procedure is being requested for Neurologic deficits.

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection.
The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality.

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s) unknown; This study is being ordered for trauma or injury.; 09/29/20107; There has been treatment or conservative therapy.; Pain in the neck, upper and low back pain; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

worst shooting pain and numbness to legs; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT.

Other symptoms and signs involving the musculoskeletal system; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT.

This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury. There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or joint infection.; This is a request for a Diagnostic CT.

This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT.

This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT.

The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.

One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
<table>
<thead>
<tr>
<th>Advanced Practice Registered Nurse Approval</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>73221 MRI JOINT OF UPPER EXTREMITY</td>
<td></td>
<td>The requested study is a Shoulder MRI; &quot;The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.&quot;; &gt; Shoulderpain</td>
</tr>
<tr>
<td>73221 MRI JOINT OF UPPER EXTREMITY</td>
<td></td>
<td>The requested study is a Shoulder MRI; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.</td>
</tr>
<tr>
<td>73221 MRI JOINT OF UPPER EXTREMITY</td>
<td></td>
<td>The requested study is a Shoulder MRI; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.</td>
</tr>
<tr>
<td>73221 MRI JOINT OF UPPER EXTREMITY</td>
<td></td>
<td>The requested study is a Shoulder MRI; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?</td>
</tr>
<tr>
<td>73221 MRI JOINT OF UPPER EXTREMITY</td>
<td></td>
<td>This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.</td>
</tr>
<tr>
<td>73700 CT LEG OR LOWER EXTREMITY</td>
<td></td>
<td>This is a request for a foot CT.; &quot;There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.&quot;; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>73700 CT LEG OR LOWER EXTREMITY</td>
<td></td>
<td>This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>73700 CT LEG OR LOWER EXTREMITY</td>
<td></td>
<td>This is a request for an ankle CT.; &quot;There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.&quot;; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td></td>
<td>CHRONIC OPEN WOUND ON BOTTOM ON FOOT; This is a request for a foot MRI.; Surgery or other intervention is not planned for in the next 4 weeks.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.</td>
</tr>
<tr>
<td>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td></td>
<td>Patient has an ulcer for 2 months, tried different treatments. Md is trying to rule out osteomyelitis.; This is a request for a foot MRI.; The study is being ordered for infection.; There are NO physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.</td>
</tr>
</tbody>
</table>
This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.

This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.

This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Instability

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Swelling greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Locking; Yes, the member experience a painful popping, snapping, or giving away of the knee.

This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has completed 6 weeks or more of Chiropractic care.; The patient received oral analgesics.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td>This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; There is no suspected meniscus, pre-op or post-op evaluation, non-acute Chronic Pain, suspected tumor or Aseptic Necrosis; Pain greater than 3 days</td>
</tr>
<tr>
<td>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td>This is a request for a lower extremity MRI.; This is not a pulsatile mass.; &quot;There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI.&quot;</td>
</tr>
<tr>
<td>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td>This is a request for an Ankle MRI.; &quot;There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.&quot;; There is a history of new onset of severe pain in the ankle within the last two weeks; There is not a suspected tarsal coalition.</td>
</tr>
<tr>
<td>73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT</td>
<td>This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; &quot;There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.&quot;; There is a suspicion of AVN.</td>
</tr>
<tr>
<td>73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT</td>
<td>This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; &quot;There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.&quot;; There is not a suspicion of AVN.; The patient is receiving long-term steroid therapy (Prednisone or Cortisone).</td>
</tr>
<tr>
<td>73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT</td>
<td>This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; &quot;There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.&quot;; There is a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone); The patient has a documented limitation of their range of motion.</td>
</tr>
<tr>
<td>74150 CT ABDOMEN WITHOUT CONTRAST</td>
<td>This is a request for a CT Abdomen without contrast. The patient has used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.</td>
</tr>
</tbody>
</table>
This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, & Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Yes this is a request for a Diagnostic CT

Unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 10/19/2017; There has not been any treatment or conservative therapy.; Coughing, HZ of tuberculosis, HX of cocaine abuse, tobacco use disorder, high blood pressure; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT
This study is being ordered for a metastatic disease. There are 2 exams being ordered. One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

- CT Upper quad pain radiating to back; had surgery to remove breast.
- CT study of the previously approved abdomen and pelvis showed retroperitoneal lymph nodes; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

This is a request for an abdomen-pelvis CT combination; A urinalysis has been completed; This is a request for a Diagnostic CT.

- The reason for the study is renal calculi, kidney or ureteral stone; This study is not being requested for abdominal and/or pelvic pain; The study is not requested for hematuria; The results of the urinalysis were abnormal; The urinalysis was positive for hematuria/blood; Yes this is a request for a Diagnostic CT.

- This is a request for an abdomen-pelvis CT combination; A urinalysis has been completed; This study is being requested for abdominal and/or pelvic pain; It is not known if the urinalysis results were normal or abnormal; The study is being ordered for chronic pain; This is the first visit for this complaint; It is unknown if the patient had an Amylase or Lipase lab test; Yes this is a request for a Diagnostic CT.

- Yes this is a request for a Diagnostic CT.

- Yes this is a request for a Diagnostic CT.
This is a request for an abdomen-pelvis CT combination. A urinalysis has been completed. This study is being requested for abdominal and/or pelvic pain. The results of the urinalysis were abnormal. The urinalysis was positive for hematuria/blood. The study is being ordered for chronic pain. This is the first visit for this complaint. The patient did not have a amylase or lipase lab test. Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination. A urinalysis has been completed. This study is being requested for abdominal and/or pelvic pain. The results of the urinalysis were abnormal. The urinalysis was positive for hematuria/blood. The study is being ordered for chronic pain. This is the first visit for this complaint. The patient had an amylase lab test. The results of the lab test were normal. Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination. A urinalysis has been completed. This study is being requested for abdominal and/or pelvic pain. The results of the urinalysis were normal. The study is being ordered for chronic pain. This is the first visit for this complaint. The patient had an amylase lab test. The results of the lab test were unknown. Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination. A urinalysis has been completed. This study is being requested for abdominal and/or pelvic pain. The results of the urinalysis were abnormal. The study is being ordered for chronic pain. This is the first visit for this complaint. The patient had an amylase lab test. The results of the lab test were normal. Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination. A urinalysis has been completed. This study is being requested for abdominal and/or pelvic pain. The reason for the study is known tumor. This study is not being requested for abdominal and/or pelvic pain. The study is not requested for hematuria. Yes this is a request for a Diagnostic CT.
This is a request for an abdomen-pelvis CT combination.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; &lt;Enter Additional Clinical Information&gt;.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT
This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if the patient has a renal cyst or tumor.

This could relate to focal nodular hyperplasia. This does not have typical hemangioma features. MRI with dynamic imaging recommended.

This study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; “Patient is not clinically obese, nor has an emphysematous chest configuration.”; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.
This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has not been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has abnormal heart sounds.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is for follow up of a known murmur.

This is a request for a Low Dose CT for Lung Cancer Screening.; It is unknown if this patient has had a Low Dose CT for Lung Cancer Screening in the past 11 months.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.
This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.

No info given.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/7/2017; There has not been any treatment or conservative therapy.; Dysphagia, sore throat, abscess; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

She has severe sudden headaches. Cause dizziness, pain, blurred vision.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.

She states that she continues to have headaches; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.

This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.

This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.

This is a request for a brain/head CT.;; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.

This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.

; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT.

This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset; Yes this is a request for a Diagnostic CT.
<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Imaging Type</th>
<th>Reason for Disapproval</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>70486 CT SINUS, FACE,JAW,MANDIBLE,MA</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>70486 CT SINUS, FACE,JAW,MANDIBLE,MA</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>70490 CT NECK SOFT TISSUES,LARYNX,THYROID ETC.</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>unknown; This study is being ordered for a neurological disorder.; 06/2017; There has been treatment or conservative therapy.; weakness, numbness, tingling.; medication via ER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
</tr>
<tr>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>R/O concussion or injury to neck; This study is being ordered for trauma or injury.; 10/03/2017; There has been treatment or conservative therapy.; headache, nausea, neck pain; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
</tr>
<tr>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.</td>
</tr>
</tbody>
</table>

Advanced Practice Registered Nurse Disapproval
&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT.

&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/7/2017; There has not been any treatment or conservative therapy.; Patient has a cough and neck pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5 months ago.; There has been treatment or conservative therapy.; ; lab tests, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT.

Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 30 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT.

Chest pain describes the reason for this request.; 'None of the above' were relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumonconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT.

'None of the above' describes the reason for this request.; This is a request for a Diagnostic CT.

Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT.

superior mediastinal mass&amp;#x0D; to evaluate; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."); They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT.

Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT.
<table>
<thead>
<tr>
<th>Requested CT</th>
<th>Reason for CT</th>
<th>Services Denied</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thorax (Chest)</td>
<td>Chest pain</td>
<td>Not Medically Necessary</td>
<td>This is a request for a Thorax (Chest) CT.; Chest pain describes the reason for this request.; This study is being requested for an unresolved cough; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>71250 CT CHEST, THORAX</td>
<td>Malignant</td>
<td>Not Medically Necessary</td>
<td>Unknown; &quot;There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>71250 CT CHEST, THORAX</td>
<td>Malignant</td>
<td>Not Medically Necessary</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;&lt; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/2017; There has been treatment or conservative therapy.; pain in shoulder and neck w/muscle spasms; heating pads, naproxen, tramadol, NSAIDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
</tr>
<tr>
<td>72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST</td>
<td>Malignant</td>
<td>Not Medically Necessary</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;&lt; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; With in the last week; There has not been any treatment or conservative therapy.; Numbness and tingling to both extremities. Pain in lower back which radiates into right hip and left leg.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
</tr>
<tr>
<td>72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST</td>
<td>Malignant</td>
<td>Not Medically Necessary</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;&lt; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; With in the last week; There has not been any treatment or conservative therapy.; Numbness and tingling to both extremities. Pain in lower back which radiates into right hip and left leg.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
</tr>
<tr>
<td>72131 CT LUMBAR SPINE, LOW BACK</td>
<td>Malignant</td>
<td>Not Medically Necessary</td>
<td>This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>72131 CT LUMBAR SPINE, LOW BACK</td>
<td>Malignant</td>
<td>Not Medically Necessary</td>
<td>This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT</td>
</tr>
</tbody>
</table>
This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown if No Info Given.; There has not been any treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown if No Info Given.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; There has been treatment with medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for trauma or injury.; June 2017; There has been treatment or conservative therapy.; neck and low back pain; Naproxen 220mg 1tablet every 12 hours; Soma.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
abnormality. All of the patient's symptoms are consistent with findings on a cervical spine x-ray; this is a request for cervical spine MRI. The patient has been experiencing chronic neck and/or back pain for over 4 weeks. The patient has seen the doctor more than once for these symptoms. The physician has not directed conservative treatment for the past 6 weeks. The patient has not had a recent course of supervised physical therapy. It is not known if the patient had six weeks of Chiropractic care related to this episode. There has been treatment or conservative therapy for the past 6 weeks. Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms. There is no weakness or reflex abnormality. The patient does not have new signs or symptoms of bladder or bowel dysfunction. There is not x-ray evidence of a recent cervical spine fracture. General Examination neck: tenderness posterior neck pain with flexion, Back Perilumbar tenderness; This study is being ordered for trauma or injury. Her main complaint today is neck and lower back pain x over 1 year, she reports pain originates from an ATV accident last year, then was involved in MVA in June of this year that she reports aggravated the injury, reports previous PCP had prescribed her S; There has been treatment or conservative therapy. Neck and lower back pain x over 1 year; rx for soma & x; OTC BC fast Pain relief; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology. It is not known if the patient has failed a course of anti-inflammatory medication or steroids. This request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks. Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits. No, there is not a documented evidence of extremity weakness on physical examination. No, there is not evidence of recent development of unilateral muscle wasting. It is not known if this patient had a recent course of supervised physical Therapy. It is not known if the patient had six weeks of Chiropractic care related to this episode. It is not known if the patient has failed a course of anti-inflammatory medication or steroids. This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks. Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits. No, this patient did not have a recent course of supervised physical Therapy. It is not known if the patient had six weeks of Chiropractic care related to this episode. &lt;Enter Additional Clinical Information&gt;
Pt has difficulty moving right shoulder and hand. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/21/2017; There has been treatment or conservative therapy.; The Pt has had medication therapy, exercise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

10/21/2017; There has been treatment or conservative therapy.; the Pt has pain in right shoulder, upper back, low back; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise;

10/21/2017; There has been treatment or conservative therapy.; the Pt has pain in right shoulder, upper back, low back; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise;

10/21/2017; There has been treatment or conservative therapy.; the Pt has pain in right shoulder, upper back, low back; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise;

10/21/2017; There has been treatment or conservative therapy.; the Pt has pain in right shoulder, upper back, low back; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise;

10/21/2017; There has been treatment or conservative therapy.; the Pt has pain in right shoulder, upper back, low back; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise;

10/21/2017; There has been treatment or conservative therapy.; the Pt has pain in right shoulder, upper back, low back; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise;

10/21/2017; There has been treatment or conservative therapy.; the Pt has pain in right shoulder, upper back, low back; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise;

10/21/2017; There has been treatment or conservative therapy.; the Pt has pain in right shoulder, upper back, low back; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise;

10/21/2017; There has been treatment or conservative therapy.; the Pt has pain in right shoulder, upper back, low back; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise;

10/21/2017; There has been treatment or conservative therapy.; the Pt has pain in right shoulder, upper back, low back; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise;

10/21/2017; There has been treatment or conservative therapy.; the Pt has pain in right shoulder, upper back, low back; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise; The Pt has had medication therapy, exercise;
This is a request for a thoracic spine MRI.

Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in legs & feet; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; Low back pain.

The patient has neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.;

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; It is not known was medications were used in treatment.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; STENTHENING EXERCISES AND NO NEW RESULTS FOR 6 WEEKS.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.

The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.

The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; The patient has acute or chronic back pain.; The patient has none of the above.
Radiology Services Denied
Not Medically Necessary

The study requested is a Lumbar Spine MRI.
Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks; The patient has seen the doctor more than once for these symptoms.

The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks; The patient has seen the doctor more than once for these symptoms.

The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks; The patient has seen the doctor more than once for these symptoms.

The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks; The patient has seen the doctor more then once for these symptoms.

The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks; The patient has seen the doctor more then once for these symptoms.

The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks; The patient has seen the doctor more then once for these symptoms.

The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks; The patient has seen the doctor more then once for these symptoms.

The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks; The patient has seen the doctor more then once for these symptoms.

The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks; The patient has seen the doctor more then once for these symptoms.
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Radiology Services Denied
Not Medically Necessary

; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Radiology Services Denied
Not Medically Necessary

; This study is being ordered for trauma or injury.; June 2017; There has been treatment or conservative therapy.; neck and low back pain; Naproxen 220mg 1tablet every 12 hours;&x0026; Soma.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Radiology Services Denied
Not Medically Necessary

Evaluate Chronic Back Pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; other medications as listed.;

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Radiology Services Denied
Not Medically Necessary

The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Over the counter

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Radiology Services Denied
Not Medically Necessary

fail physical therapy; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Radiology Services Denied
Not Medically Necessary

General Examination; neck: tenderness posterior neck pain with flexion , Back Peri-Ilumbar tenderness; This study is being ordered for trauma or injury.; Her main complaint today is neck and lower back pain x over 1 year, she reports pain originates from an ATV accident last year, then was involved in MVA in June of this year that she reports aggravated the injury, reports previous PCP had prescribed her S; There has been treatment or conservative therapy.; Neck and lower back pain x over 1 year; rx for soma &x0026; OTC BC fast Pain relief; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Radiology Services Denied
Not Medically Necessary

None; This study is being ordered for trauma or injury.; 10/04/2017; There has been treatment or conservative therapy.; Left neck pain and should pain. Low back pain; Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Radiology Services Denied
Not Medically Necessary

Pain is 10/10- positive findings on xrays taken 12/11/2017; This study is being ordered for a neurological disorder.; 12/11/2017; It is not known if there has been any treatment or conservative therapy.; Multiple vertebrae fractures and disc degeneration; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Radiology Services Denied
Not Medically Necessary

Patient had an abnormal MRI, hx of torn sciatrica nerve and severe pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Radiology Services Denied

Not Medically Necessary

Patient is currently attending physical therapy at NEA and has so far completed 4 weeks of therapy. Patient is still scheduled for upcoming weeks to continue. Pt is also taking tramadol 50 mg 1 tab TID PRN and naproxen 500 mg q 6h PRN for pain. Patient st; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Pt has difficulty move moving right shoulder and hand.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/21/2017; There has been treatment or conservative therapy.; the Pt has pain in right should, upper back, low bvack; The Pt has had medication therapy, excursion; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBC, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

pt to clinic 11/15/17 with c/o Lower back and hip pain, burning, numbness. pt states that pain is constant and the pain is 8 on scale of 0-10. pt states duration is 1-2 months. steroid injections given pt R/t clinic 12/5 with worsen pain

Tramadol HCl T;
The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/02/2017; There has been treatment or conservative therapy.; pain; steroids , anti inflammatory; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBC, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Will FAX; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; she doesn't have pressure to push.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; she doesn't have pressure to push.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Radiology Services Denied</th>
<th>Diagnosis and Treatment</th>
<th>Disapproval</th>
</tr>
</thead>
<tbody>
<tr>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td><strong>Not Medically Necessary</strong></td>
<td>x-rays were normal; no fracture; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/19/2017; There has been treatment or conservative therapy.; neck pain; lower back pain radiates down left side; soft collar for neck; HEP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
<td>Advanced Practice Registered Nurse</td>
<td>1</td>
</tr>
<tr>
<td>73200 CT ARM OR UPPER EXTREMITY</td>
<td><strong>Not Medically Necessary</strong></td>
<td></td>
<td>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;</td>
<td>Advanced Practice Registered Nurse</td>
</tr>
<tr>
<td>73220 MRI UPPER EXTREMITY, ENTIRE EXTREMITY, NOT A JOINT</td>
<td><strong>Not Medically Necessary</strong></td>
<td></td>
<td>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;</td>
<td>Advanced Practice Registered Nurse</td>
</tr>
<tr>
<td>73221 MRI JOINT OF UPPER EXTREMITY</td>
<td><strong>Not Medically Necessary</strong></td>
<td>The requested study is a Shoulder MRI.; The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.;</td>
<td>Advanced Practice Registered Nurse</td>
<td>1</td>
</tr>
<tr>
<td>73221 MRI JOINT OF UPPER EXTREMITY</td>
<td><strong>Not Medically Necessary</strong></td>
<td>The requested study is a Shoulder MRI.; The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.;</td>
<td>Advanced Practice Registered Nurse</td>
<td>1</td>
</tr>
<tr>
<td>73221 MRI JOINT OF UPPER EXTREMITY</td>
<td><strong>Not Medically Necessary</strong></td>
<td>Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;</td>
<td>Advanced Practice Registered Nurse</td>
<td>1</td>
</tr>
<tr>
<td>73221 MRI JOINT OF UPPER EXTREMITY</td>
<td><strong>Not Medically Necessary</strong></td>
<td></td>
<td>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;</td>
<td>Advanced Practice Registered Nurse</td>
</tr>
</tbody>
</table>
The requested study is a Shoulder MRI; Study being ordered due to non-acute or chronic pain; The patient has not completed and failed a course of conservative treatment of at least 4 weeks; No info given.

This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks; The patient does not have an abnormal plain film study of the joint; The patient has not been treated with and failed a course of four weeks of supervised physical therapy; The patient has a documented limitation of their range of motion; The patient has not experienced pain for greater than six weeks; The patient has been treated with anti-inflammatory medication in conjunction with this complaint; This study is not being ordered by an operating surgeon for pre-operative planning.

This study is a request for a Knee MRI; The patient has not had recent plain films of the knee; The ordering physician is not an orthopedist; There is suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.

Pain noted for one month, crepitus noted; This is a request for a Knee MRI; The patient has not had recent plain films of the knee; The ordering physician is not an orthopedist; There is suspected meniscus, pre-op or post-op evaluation, non-acute Chronic Pain, suspected tumor or Aseptic Necrosis; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.

The Pt had x-ray, showed pt has calcification of tip of Fibia. Fibula broken at ankle as well; This is a request for an Ankle MRI; Surgery or arthroscopy is not scheduled in the next 4 weeks; The study is requested for ankle pain; There is a suspicion of tendon or ligament injury.

This is a request for a foot MRI; There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot; There is a suspected tarsal coalition.

This is a request for a lower extremity MRI; This is not a pulsatile mass; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI;" There is not a suspicion of an infection; The patient is not taking antibiotics; This is a study for a fracture which does not show healing (non-union fracture); This is not a pre-operative study for planned surgery.

Describe primary symptoms here - or Type In Unknown If No Info Given; One of the studies being ordered is NOT A Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Procedure Description</th>
<th>Reason for Disapproval</th>
<th>Date</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/02/2017; There has been treatment or conservative therapy.; pain; steroids, anti inflammatory; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
<td>08/02/2017</td>
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<tr>
<td>73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5 months ago.; There has been treatment or conservative therapy.; lab tests, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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</tr>
<tr>
<td>74150 CT ABDOMEN WITHOUT CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
<td></td>
<td>Abdominal pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &amp;#xD; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &amp;#xD; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>74150 CT ABDOMEN WITHOUT CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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</tr>
<tr>
<td>74176 CT ABDON &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advanced Practice Registered Nurse</td>
<td>Disapproval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT</td>
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<tr>
<td>Advanced Practice Registered Nurse</td>
<td>Disapproval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>Advanced Practice Registered Nurse</td>
<td>Disapproval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; Elevated liver enzymes; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>Advanced Practice Registered Nurse</td>
<td>Disapproval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT; Pt is jaundice and had abnormal creatin and bilirubin levels.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>Advanced Practice Registered Nurse</td>
<td>Disapproval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT; r/o hemia, pre surgical planning; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT</td>
</tr>
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<td>Advanced Practice Registered Nurse</td>
<td>Disapproval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT; R/o kidney stones; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>Advanced Practice Registered Nurse</td>
<td>Disapproval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>Advanced Practice Registered Nurse</td>
<td>Disapproval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT</td>
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</tbody>
</table>
This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; &lt;Enter Additional Clinical Information&gt;.; Yes this is a request for a Diagnostic CT

This is a request for a Diagnostic CT 1

This is a request for a Diagnostic CT 1

This is a request for a Diagnostic CT 3

This is a request for a Diagnostic CT 1

This is a request for a Diagnostic CT 1

This is a request for a Diagnostic CT 2

This is a request for a Diagnostic CT 4

This is a request for a Diagnostic CT 1

This is a request for a Diagnostic CT 2

This is a request for a CT scan for evaluation of coronary calcification. 1

This is a request for a Coronary Artery Calcium Score, EBCT 1

<table>
<thead>
<tr>
<th>Advanced Practice</th>
<th>Registered Nurse</th>
<th>Disapproval</th>
<th>Service Code</th>
<th>Service</th>
<th>Reason for Disapproval</th>
</tr>
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<tbody>
<tr>
<td>74176 CT ABD &amp; PELVIS</td>
<td>W/O CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
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<td>74176 CT ABD &amp; PELVIS</td>
<td>W/O CONTRAST</td>
<td>Radiology Services Denied</td>
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<td>74176 CT ABD &amp; PELVIS</td>
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<td>W/O CONTRAST</td>
<td>Radiology Services Denied</td>
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<td>74176 CT ABD &amp; PELVIS</td>
<td>W/O CONTRAST</td>
<td>Radiology Services Denied</td>
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<td>74176 CT ABD &amp; PELVIS</td>
<td>W/O CONTRAST</td>
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<td>Not Medically Necessary</td>
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<td>75571 Coronary Artery Calcium Score, EBCT</td>
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<td>Code</td>
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<td>Decision</td>
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<tr>
<td>78451</td>
<td>Myocardial perfusion imaging, tomographic (SPECT); single study</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td></td>
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<tr>
<td>93307</td>
<td>Transthoracic Echocardiogram; This study is being ordered for another reason; The reason for</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td></td>
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<tr>
<td>93307</td>
<td>Transthoracic Echocardiogram; This study is being ordered for evaluation of abnormal symptoms,</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
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<td>physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease;</td>
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<td>The patient has shortness of breath; Shortness of breath is not related to any of the listed</td>
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<td>indications.</td>
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<tr>
<td>G0297</td>
<td>Low dose CT scan (LDCT) for lung cancer screening</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
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<tr>
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<td>This study is ordered for sinusitis.; This is a request for a Sinus CT.; The patient is</td>
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<tr>
<td></td>
<td>immune-compromised.; Yes this is a request for a Diagnostic CT</td>
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<tr>
<td>70486</td>
<td>CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST</td>
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<tr>
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<td>This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.;</td>
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<td>Yes this is a request for a Diagnostic CT</td>
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<tr>
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<td>This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is</td>
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<tr>
<td></td>
<td>NOT immune-compromised.; The patient’s current rhinosinusitis symptoms are described as Chronic</td>
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<td>Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT</td>
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<tr>
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<td>This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient’s</td>
<td></td>
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<tr>
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<td>current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute</td>
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<tr>
<td></td>
<td>episodes per year); Yes this is a request for a Diagnostic CT</td>
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<tr>
<td></td>
<td>This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient’s</td>
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<td>current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute</td>
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<tr>
<td></td>
<td>episodes per year); Yes this is a request for a Diagnostic CT</td>
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<tr>
<td></td>
<td>Abnormal imaging test describes the reason for this request.; This is a request for a Chest</td>
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<tr>
<td>71250</td>
<td>CT, THORAX</td>
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This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;.; "The patient has had an abdominal ultrasound, CT, or MR study.;.; &lt; Enter answer here - or Type In Unknown if No Info Given. &gt; 1

This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT 1

Abnormal laboratory test describes the reason for this request.; This is a request for a Diagnostic CT 1

This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI. 2

This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT 1
Anesthesiology Approval

72131 CT LUMBAR SPINE, LOW BACK
This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT.

Anesthesiology Approval

72131 CT LUMBAR SPINE, LOW BACK
This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT.

Anesthesiology Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; left arm and fingers and numbness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given.; The patient complains of pain in the neck, in lower back and in mid back. The patient has been experiencing this pain for Greater than 1 year. She reports onset of pain gradually over time. One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Anesthesiology Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/20/2013; There has been treatment or conservative therapy.; numbness tingling; medication Management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Anesthesiology Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/28/2015; There has been treatment or conservative therapy.; Complain of severe pain nonresponding to conservative therapy (include bed rest, activity modifications, NSAIDS and opioid medication therapy). The patient describes the pattern of pain as constant with intermittent flare ups.; He describes the quality of; Professional caregivers seen in the past for pain include Primary Care Physician, Pain Medicine; Physician and Orthopedist. The following tests have been done in the past to evaluate pain condition: X-Rays and MRI; Scan, CAT Scan and EMG Test. He has tr; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Anesthesiology Approval

Current Medication: gabapentin 100 mg capsule 1 tab TID for 30 Days, Prescribe 90 Tablet, Refills 1; magnesium oxide 400 mg capsule 1 Every night at bedtime, Prescribe 30 Capsule, Refills 3; clonazepam 1mg by mouth 2-4 times daily; Neurontin 300 mg capsu; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/28/2015; There has been treatment or conservative therapy.; Complain of severe pain nonresponding to conservative therapy (include bed rest, activity modifications, NSAIDS and opioid medication therapy). The patient describes the pattern of pain as constant with intermittent flare ups.; He describes the quality of; Professional caregivers seen in the past for pain include Primary Care Physician, Pain Medicine; Physician and Orthopedist. The following tests have been done in the past to evaluate pain condition: X-Rays and MRI; Scan, CAT Scan and EMG Test. He has tr; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; &lt;Enter Additional Clinical Information&gt;

Lumbar pain and weakness in extremities.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. MRI of the LUMBAR, CERVICAL AND LEFT SHOULDER to further evaluate the patient’s persistent pain and symptoms and to rule out disc herniation. Findings from this study will be incorporated, in conjunction with objective findings, into the decision process.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; November 2014; There has been treatment or conservative therapy.; Pain in the neck, left shoulder, and lower back. WORSENING BACK, SHOULDER AND NECK PAIN. Reports muscle pain, muscle cramp, muscle twitches, muscle wasting, muscle weakness, muscle pain or tenderness, loss of muscle bulk, neck pain, shoulder pain, back pain; Patient has tried braces, physical therapy, and pain medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

She continues with severe headaches up the back of her head as well as numbness and tingling down both arms to fingertips. CESI and rhizotomy had helped in the past, but she is so frazzled right now that she feels her headache pain is debilitating. Imagi; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy.
This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms; The patient does have new or symptoms of bladder or bowel dysfunction.

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient has had back pain for over 4 weeks; The patient has seen the doctor more than once for these symptoms; The physician has directed conservative treatment for the past 6 weeks; The patient has completed 6 weeks of physical therapy?

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits; yes, there is a documented evidence of extremity weakness on physical examination.

This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.

This is a request for cervical spine MRI; Pre-Operative Evaluation; No, the last Cervical spine MRI was not performed within the past two weeks.

This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits; Yes, this patient had a recent course of supervised physical Therapy.

This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits; Yes, this patient had a recent course of supervised physical Therapy.

This is a request for cervical spine MRI; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits; Yes, the patient demonstrate neurological deficits; yes, there is a documented evidence of extremity weakness on physical examination; yes, there is a documented evidence of extremity weakness on physical examination.

UNKNOWN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 1973; There has been treatment or conservative therapy; neck back pain; meds physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; UNKNOWN; There has been treatment or conservative therapy; NECK BACK PAIN; MEDS PHYS THER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for cervical spine MRI; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; This patient does have new or changing neurologic signs or symptoms; The patient does have new or symptoms of bladder or bowel dysfunction.
This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.

Current Medication:
- gabapentin 100 mg capsule 1 tab TID for 30 Days
- magnesium oxide 400 mg capsule 1 Every night at bedtime
- clonazepam 1mg by mouth 2-4 times daily
- Neurontin 300 mg caps

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.

09/28/2015: There has been treatment or conservative therapy.; Complain of severe pain nonresponding to conservative therapy (include bed rest, activity modifications, NSAIDs and opioid medication therapy). The patient describes the pattern of pain as constant with intermittent flare ups.

Professional caregivers seen in the past for pain include Primary Care Physician, Pain Medicine Physician and Orthopedist. The following tests have been done in the past to evaluate pain condition: X-Rays and MRI Scan, CAT Scan and EMG Test. He has tr; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is not experiencing sensory abnormalities such as numbness or tingling.;

It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The patient is experiencing or presenting symptoms of bowel or bladder dysfunction.

The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; The patient has had 3 or fewer thoracic spine MRIs.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.

The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.
This is a request for a thoracic spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physitized has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy.

This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy.

UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; NECK BACK PAIN; MEDS PHYS THER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain.; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; right leg.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

&lIt; Enter answer here - or Type In Unknown If No Info Given. &gt;: The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain.; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; right leg.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

&lIt; Enter answer here - or Type In Unknown If No Info Given. &gt;: The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above

&lIt; Enter answer here - or Type In Unknown If No Info Given. &gt;: The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

&lIt; Enter answer here - or Type In Unknown If No Info Given. &gt;: This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lIt; Enter date of initial onset here - or Type In Unknown If No Info Given. &gt;: There has been treatment or conservative therapy.; right hip pain., tenderness; physical therapy...medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

&lIt; Enter answer here - or Type In Unknown If No Info Given. &gt;: One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms; There is reflex abnormality; The patient does not have new signs or symptoms of bladder or bowel dysfunction; It is not known if the patient has a new foot drop; There is not x-ray evidence of a recent lumbar fracture; The study requested is a lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms; There is weakness; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction; The patient does not have a new foot drop; There is not x-ray evidence of a recent lumbar fracture.

Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms; There is weakness; She is unfortunately reporting increased left sided low back pain since the procedure that is fairly non-specific in nature, and without any concerning motor or sensory changes or systemic symptoms. It appears that a large portion of her left lumbar pain; The patient does not have new signs or symptoms of bladder or bowel dysfunction; The patient does not have a new foot drop; There is not x-ray evidence of a recent lumbar fracture.

Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/20/2013; There has been treatment or conservative therapy.; numbness tingling; medication Management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

43-year-old female presents for follow up after undergoing a stage bilateral cooled ablation of L3-S1. Since the left sided procedure she is reporting increase pain in the left buttocks that may be related to irritation from the procedure, a trigger point; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms; It is not known if there is weakness or reflex abnormality; The patient does not have new signs or symptoms of bladder or bowel dysfunction; The patient does not have a new foot drop; There is not x-ray evidence of a recent lumbar fracture.
MRI of the LUMBAR, CERVICAL AND LEFT SHOULDER to further evaluate the patient's persistent pain and symptoms and to rule out disc herniation. Findings from this study will be incorporated, in conjunction with objective findings, into the decision process.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; November 2014; There has been treatment or conservative therapy.; Pain in the neck, left shoulder, and lower back. WORSENING BACK, SHOULDER AND NECK PAIN. Reports muscle pain, muscle cramp, muscle twitches, muscle wasting, muscle weakness, muscle pain or tenderness, loss of muscle bulk, neck pain, shoulder pain, back pain; Patient has tried braces, physical therapy, and pain medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

MRI to evaluate cause for pain. HER RADICULAR SYMPTOMS HAVE REMAIN NOT WELL CONTROLLED. She is having more pain. The patient reports GAIT DISTURBANCE. Reports LOSS OF STRENGTH. ROM of lumbar spine is noted to be Limited and Painful (Including extension, lateral flexion). Anterior lumbar flexion causes pain. The patient has failed conservative treatment (include activity modifications, physical/home exercise therapy, NSAIDs&x0D; and opioid medication therapy) &x0D; Patient was advised against prolonged bed rest and was also advised to maintain normal activities. From

PATIENT DONE PT AND NSAIDS FOR 6 WEEKS WITHOUT SIGNIFICANT IMPROVEMENT. Patient complains of pain in the neck pain and bilateral arm pain AND BACK PAIN. The patient has been experiencing this pain for the last several months. She reports onset of pain gra; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; There is weakness.; The patient reports gait disturbance. Reports loss of strength. ROM of lumbar spine is noted to be Limited and Painful (Including extension, lateral flexion). Anterior lumbar flexion causes pain. The patient has failed conservative treatment (include activity modifications, physical/home exercise therapy, NSAIDs&x0D; and opioid medication therapy) &x0D; Patient was advised against prolonged bed rest and was also advised to maintain normal activities. From

Patient tried physical therapy for 6 consecutive weeks with no improvement; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; There is weakness.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; The patient has failed conservative treatment (include activity modifications, physical/home exercise therapy, NSAIDs&x0D; and opioid medication therapy) &x0D; Patient was advised against prolonged bed rest and was also advised to maintain normal activities. From

Patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; The patient has failed conservative treatment (include activity modifications, physical/home exercise therapy, NSAIDs&x0D; and opioid medication therapy) &x0D; Patient was advised against prolonged bed rest and was also advised to maintain normal activities. From

The patient has failed conservative treatment (include activity modifications, physical/home exercise therapy, NSAIDs&x0D; and opioid medication therapy) &x0D; Patient was advised against prolonged bed rest and was also advised to maintain normal activities. From
possible pre-op/or possible epidural; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; There is weakness.; difficulty walking, standing up, balance; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

pt had PT without relief 6 weeks, would like to give pt injections; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness down both legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

r/o back and leg, radiculoophy; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; left leg weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Radiculopathy, lumbar region; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above She continues with severe headaches up the back of her head as well as numbness and tingling down both arms to fingertips. CESI and rhizotomy had helped in the past, but she is so frazzled right now that she feels her headache pain is debilitating. Imaging: One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

The patient complains of pain in the LOWER BACK AND WHOLE BODY. The patient has been experiencing this pain for the last several months. She reports onset of pain gradually over time. The patient describes her pain as constant with intermittent flare ups; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Reports muscle pain, muscle cramp, muscle twitches, muscle weakness, neck pain, shoulder pain, back pain, joint pain, joint stiffness, morning stiffness and night cramps. Denies loss of muscle bulk, joint swelling, swollen joints and atrophy. The patient; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy? 12

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.
The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x‐ray indicating a significant abnormality

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)

UNKNOWN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1973; There has been treatment or conservative therapy.; neck back pain; meds physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKOWN; There has been treatment or conservative therapy.; NECK BACK PAIN; MEDS PHYS THER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
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<th>Anesthesiology Approval</th>
<th>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</th>
<th>UNKNOWN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</th>
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<tr>
<td>Anesthesiology Approval</td>
<td>72192 CT PELVIS WITHOUT CONTRAST</td>
<td>UNKNOWN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. &lt;Enter answer here - or Type In Unknown If No Info Given. &gt; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; &lt;Enter date of initial onset here - or Type In Unknown If No Given&gt; There has been treatment or conservative therapy; right hip pain, tenderness; physical therapy...medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
</tr>
<tr>
<td>Anesthesiology Approval</td>
<td>72196 MRI PELVIS</td>
<td>Osteomyelitis; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect</td>
</tr>
<tr>
<td>Anesthesiology Approval</td>
<td>72196 MRI PELVIS 73221 MRI JOINT OF UPPER EXTREMITY</td>
<td>The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.</td>
</tr>
<tr>
<td>Anesthesiology Approval</td>
<td>73221 MRI JOINT OF UPPER EXTREMITY</td>
<td>This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.</td>
</tr>
<tr>
<td>Anesthesiology Approval</td>
<td>73221 MRI JOINT OF UPPER EXTREMITY</td>
<td>This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.</td>
</tr>
<tr>
<td>Anesthesiology Approval</td>
<td>73221 MRI JOINT OF UPPER EXTREMITY 73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td>This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Instability</td>
</tr>
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<td>Anesthesiology Approval</td>
<td>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td>This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability</td>
</tr>
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<td>Anesthesiology Approval</td>
<td>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td>This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days</td>
</tr>
<tr>
<td>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td>This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy</td>
<td></td>
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<tr>
<td>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td>This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications</td>
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<tr>
<td>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td>This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?</td>
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<tr>
<td>UNKNOWN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
<td>This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; “There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.”; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.</td>
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<tr>
<td>73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT</td>
<td>This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; “There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.”; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.</td>
<td></td>
</tr>
<tr>
<td>73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT</td>
<td>This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; “There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.”; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.</td>
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<tr>
<td>75574 CT Angiography Heart coronary arteries, CCTA</td>
<td>The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; It is not known if patient has new onset congestive heart failure.; UNKNOWN; Yes, there is Chronic Chest Pain.</td>
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</table>
70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
Radiology Services Denied Not Medically Necessary
NEEDED TO RULE OUT ARTERY FLOW VOID; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/11/17; There has been treatment or conservative therapy.; NECK PAIN - RULE OUT ARTERY FLOW VOID; MEDS PHYS THERAPY DIAGNOSTIC IMAGING; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Radiology Services Denied Not Medically Necessary
NEEDED TO RULE OUT ARTERY FLOW VOID; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/11/17; There has been treatment or conservative therapy.; NECK PAIN - RULE OUT ARTERY FLOW VOID; MEDS PHYS THERAPY DIAGNOSTIC IMAGING; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Radiology Services Denied Not Medically Necessary
The patient complains of pain at lower back, hips and legs, mid back and shoulder. The patient has been experiencing this pain for several years. He reports onset of pain gradual. Reports frequency of his pain as constant. He describes the quality of pain; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.

72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Radiology Services Denied Not Medically Necessary
The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.

72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Radiology Services Denied Not Medically Necessary
UNKNOWN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Radiology Services Denied Not Medically Necessary
unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/29/17; It is not known if there has been any treatment or conservative therapy.; neck and back pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST
Radiology Services Denied Not Medically Necessary
&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

72131 CT LUMBAR SPINE, LOW BACK
Radiology Services Denied Not Medically Necessary
&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

72131 CT LUMBAR SPINE, LOW BACK
Radiology Services Denied Not Medically Necessary
This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT.
This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/29/17; It is not known if there has been any treatment or conservative therapy.; neck and back pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; &lt;Enter Additional Clinical Information&gt;
Anesthesiology Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Radiology Services Denied
Not Medically Necessary

Lumbar MRI without contrast performed 6/1/16 significant for mild degenerative disc disease from L3-S1, as well as mild bilateral lumbar spondylosis at L3-L4. There also appears to be mild spondylitic changes throughout L3-S1 due to the degenerative disc; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

None.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3yrs.; There has not been any treatment or conservative therapy.; Neck and back pain radiates to UE and LE, numbness and tingling.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

none.; This study is being ordered for a neurological disorder.; 09/07/2014; There has been treatment or conservative therapy.; gait issues entire spine pain slow reflexes numbness on the right side; TENS unit, PT pain management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; Yes, the patient had six weeks of Chiropractic care related to this episode.

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy.

This is a request for cervical spine MRI; Neurological deficits.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.
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**This is a request for cervical spine MRI; Neurological deficits; Pt has cervical pain radiating upward to bilat occipital causing HA, and going downward to bilat shoulders. Pt has tried opioids, NSAIDs, muscle relaxers; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.**

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**This is a request for cervical spine MRI; None of the above; Unknown.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.**

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**This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.**

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**UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/4/14; There has been treatment or conservative therapy.; CHRONIC NECK AND BACK PAIN; MEDS PHYS THER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology**

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**UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; NECK AND BACK PAIN; MEDICATION AND PHYSICAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology**

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**UNKNOWN; This study is being ordered for trauma or injury.; 11/27/17; There has been treatment or conservative therapy.; NECK AND BACK PAIN; MEDS PHYS THER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology**

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**UNKNOWN; This study is being ordered for trauma or injury.; 11/27/17; There has been treatment or conservative therapy.; NECK AND BACK PAIN; MEDS PHYS THER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology**

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**MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST**

Radiology Services Denied
Not Medically Necessary

This is a request for a thoracic spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; There is weakness.; Muscle tone and strength weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.

Radiating pain from the left side from the mid part of the thoracic spine all the way around under the breast line running in a T6 dermatome distribution.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/10/2017; There has been treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of radiulopathy documented on EMG or nerve conduction study.

This is a request for a thoracic spine MRI; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

This is a request for a thoracic spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

This is a request for a thoracic spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Muscle tone and strength weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture. 1

Radiating pain from the left side from the mid part of the thoracic spine all the way around under the breast line running in a T6 dermatome distribution.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/10/2017; There has been treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of radiulopathy documented on EMG or nerve conduction study.

This is a request for a thoracic spine MRI; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

This is a request for a thoracic spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

This is a request for a thoracic spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?
<Enter answer here - or Type In Unknown If No Info Given.>; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Anesthesiology Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

&It; Enter answer here - or Type In Unknown If No Info Given. &It;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; straight leg test was positive; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Anesthesiology Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

&It; Enter answer here - or Type In Unknown If No Info Given. &It;; This study is being ordered for trauma or injury.; 07/10/2017; There has been treatment or conservative therapy.; back pain radiating down leg left side; pain management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Anesthesiology Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Unknown; Oxycodone, Ibuprofen

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs, muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

; Discussed with patient since he is again conforming to treatment protocols that we will proceed with the scoliosis areas of the spine including an MRI of the lumbar spine and consider consultation with Dr. Bumpus due to spinal deformity with increasing ; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above
Enter answer here - or Type In Unknown

The patient complains of pain at lower back and hips and legs. The patient has been experiencing this pain for several years. She reports onset of pain gradual. Reports frequency of pain as constant. She describe; The study requested is a Lumbar Spine MRI.;

Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.;

The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Heat, home exercises, ice, massage for 6 weeks;

The patient has been treated with medication.;

other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.;

Heat, home exercises, ice, massage for 6 weeks;

Ms. Hampton is a 63 y.o. female who presents to the pain clinic with back pain which has been gradually worsening over time. The pain is described as aching and throbbing. Radiates: BLE, down the posterior legs to the knees. The pain is worsened by stand; The study requested is a Lumbar Spine MRI.;

Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; bilateral weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

None.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3yrs.; There has not been any treatment or conservative therapy.;

Neck and back pain radiates to UE and LE, numbness and tingling.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

none; The study requested is a Lumbar Spine MRI.;

Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; bilateral weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

none; This study is being ordered for a neurological disorder.;

09/07/2014; There has been treatment or conservative therapy.; gait issues entire spine pain slow reflexes numbness on the right side; TENS unit, PT pain management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Pt had pelvis ultrasound which showed a cyst on her left ovary; Pt having back pain and pelvic pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above
<table>
<thead>
<tr>
<th>Code</th>
<th>Exam Description</th>
<th>Radiology Services</th>
<th>Medical Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td>72148 MRI LUMB</td>
<td>Lumbar Spine MRI</td>
<td>Not Medically Necessary</td>
<td>1</td>
</tr>
<tr>
<td>72148 MRI LUMB</td>
<td>Lumbar Spine MRI</td>
<td>Not Medically Necessary</td>
<td>1</td>
</tr>
<tr>
<td>72148 MRI LUMB</td>
<td>Lumbar Spine MRI</td>
<td>Not Medically Necessary</td>
<td>3</td>
</tr>
<tr>
<td>72148 MRI LUMB</td>
<td>Lumbar Spine MRI</td>
<td>Not Medically Necessary</td>
<td>6</td>
</tr>
<tr>
<td>72148 MRI LUMB</td>
<td>Lumbar Spine MRI</td>
<td>Not Medically Necessary</td>
<td>1</td>
</tr>
<tr>
<td>72148 MRI LUMB</td>
<td>Lumbar Spine MRI</td>
<td>Not Medically Necessary</td>
<td>7</td>
</tr>
</tbody>
</table>

The patient has failed conservative treatment (include activity modifications, PHYSICAL/home exercise therapy, NSAIDs medication therapy). She has had physical therapy with no benefit.

Facet loading maneuvers positive Palpation of the lumbar facet reveals; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.;

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality

UNKOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/14/14; There has been treatment or conservative therapy.; NECK AND BACK PAIN; MEDS PHYS THER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.;

UNKOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;

UNKOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;

UNKOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKOWN; There has been treatment or conservative therapy.; NECK AND BACK PAIN; MEDICATION AND PHYSICAL THERAPY;
UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; BACK AND PELVIC PAIN; MEDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

UNKNOWN; This study is being ordered for trauma or injury.; 11/27/17; There has been treatment or conservative therapy.; NECK AND BACK PAIN; MEDS PHYS THER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

UNKNOWN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

MRI of the LUMBAR, CERVICAL AND LEFT SHOULDER to further evaluate the patient’s persistent pain and symptoms and to rule out disc herniation. Findings from this study will be incorporated, in conjunction with objective findings, into the decision process ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; November 2014; There has been treatment or conservative therapy.; Pain in the neck, left shoulder, and lower back. WORSENING BACK, SHOULDER AND NECK PAIN. Reports muscle pain, muscle cramp, muscle twitches, muscle wasting, muscle weakness, muscle pain or tenderness, loss of muscle bulk, neck pain, shoulder pain, back pain ; Patient has tried braces, physical therapy, and pain medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Patient c/o of pain in right shoulder and burning after falling and injuring shoulder.

UNKNOWN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Procedure Description</th>
<th>Approval/Disapproval</th>
<th>Reason for Disapproval</th>
</tr>
</thead>
<tbody>
<tr>
<td>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td>Radiology Services Denied</td>
<td>Disapproval</td>
<td>Not Medically Necessary</td>
</tr>
<tr>
<td>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td>Radiology Services Denied</td>
<td>Disapproval</td>
<td>Not Medically Necessary</td>
</tr>
<tr>
<td>73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT</td>
<td>Radiology Services Denied</td>
<td>Disapproval</td>
<td>Unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
</tr>
<tr>
<td>74181 MRI ABDOMEN</td>
<td>Radiology Services Denied</td>
<td>Disapproval</td>
<td>Not Medically Necessary</td>
</tr>
<tr>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>Approval</td>
<td>Approval</td>
<td>INCREASED FREQUENCY OF DIZZINESS; MEDICATION NOT HELPING; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache; The patient has dizziness; It is unknown why this study is being ordered.</td>
</tr>
<tr>
<td>70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST</td>
<td>Approval</td>
<td>Approval</td>
<td>Patient has bilateral carotid stenosis noted on Doppler &amp; needs CT to do pre-procedure planning; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
</tr>
</tbody>
</table>
Cardiac Surgery Approval

70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

Patient has bilateral carotid stenosis noted on Doppler & needs CT to do pre-procedure planning; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. 1

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. 1

71250 CT CHEST, THORAX

Chest pain describes the reason for this request.; Abnormal imaging (xray) finding was relevant in the diagnosis or suspicion of vascular disease; This is a request for a Diagnostic CT 1

71250 CT CHEST, THORAX

Evaluate pulmonary nodule; This study is being ordered for Vascular Disease.; December 2015; There has not been any treatment or conservative therapy.; COPD, chronic bronchitis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

71250 CT CHEST, THORAX

Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT 2
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Approval</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac Surgery</td>
<td>71250 CT CHEST, THORAX</td>
<td>Pre-operative evaluation describes the reason for this request; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>Cardiac Surgery</td>
<td>71250 CT CHEST, THORAX</td>
<td>The request is for a chest, thoracic or sterno-clavicular joint CT.; &quot;There is not a nodule,coin lesion or other lung mass.cxct&quot;; This examination is not being ordered for persistent lung infiltrate or pneumonia.; This study is being requested prior to surgery or as part of lung biopsy.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>Cardiac Surgery</td>
<td>71250 CT CHEST, THORAX</td>
<td>This is a request for a Thorax (Chest) CT.; Chest pain describes the reason for this request.; This study is being requested for 'none of the above'; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>Cardiac Surgery</td>
<td>71250 CT CHEST, THORAX</td>
<td>This is a request for a Thorax (Chest) CT.; There is not a nodule,coin lesion or other lung mass.cxct.; This examination is not being ordered for persistent lung infiltrate or pneumonia.; This study is being requested prior to surgery or as part of lung biopsy.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>Cardiac Surgery</td>
<td>71250 CT CHEST, THORAX</td>
<td>This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.</td>
</tr>
<tr>
<td>Cardiac Surgery</td>
<td>71250 CT CHEST, THORAX</td>
<td>Unknown; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.</td>
</tr>
<tr>
<td>Cardiac Surgery</td>
<td>71250 CT CHEST, THORAX</td>
<td>This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.</td>
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<td>71250 CT CHEST, THORAX</td>
<td>This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.</td>
</tr>
<tr>
<td>Cardiac Surgery</td>
<td>71250 CT CHEST, THORAX</td>
<td>Unknown; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.</td>
</tr>
<tr>
<td>Cardiac Surgery</td>
<td>71250 CT CHEST, THORAX</td>
<td>Annual testing. Patient had aortic measurement of 28ml.; This is a request for an MR Angiogram of the chest or thorax</td>
</tr>
<tr>
<td>Cardiac Surgery</td>
<td>71250 CT CHEST, THORAX</td>
<td>PATIENT COMPLAINED OF BACK AND NECK PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
</tr>
</tbody>
</table>
severe claudication of RT LE; pt has trouble walking due to swelling and pain; no pulses in RT foot at all.; This study is being ordered for Vascular Disease.; early 2017; There has been treatment or conservative therapy.; no pulses in RT foot; severe claudication, leg swelling &amp; cramping; abnormal ABI/arterial Doppler in late October; pt has severe claudication in RT LE, and no pulses in his RT foot.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for CT Angiography of the Abdomen and Pelvis.

Yes, this is a request for CT Angiography of the abdomen. Evaluate pulmonary nodule; This study is being ordered for Vascular Disease.; December 2015; There has not been any treatment or conservative therapy.; COPD, chronic bronchitis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The hematuria is due to tumor or mass.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is not a first follow up study for a post operative complication.; Pre-op or post op evaluation; redo EVS AAA repair done 8/2016; this is a 1 year f/u appointment.; Yes this is a request for a Diagnostic CT
This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT &lt;Enter answer here - or Type In Unknown If No Info Given.&gt;; This is a request for a CT scan for evaluation of coronary calcification.

This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT &lt;Enter answer here - or Type In Unknown If No Info Given.&gt;; This is a request for a Heart CT.

Yes this is a request for CT Angiography of the abdominal arteries.

The patient is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt;Enter date of initial onset here - or Type In Unknown If No Info Given&gt;; It is not known if there has been any treatment or conservative therapy.; &lt;Describe primary symptoms here - or Type In Unknown If No Info Given&gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Ms. Tharp is a 54y/o patient who was referred to EP by Dr. Rolleson d/t syncope/near syncope, possible HUT.; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

Ms. Black is a 45y/o patient who was referred to EP by Dr. Lendel for recurrent syncope/near syncope. She is currently wearing 20-day event monitor. Stress echo showed LVEF 50-55%, no ischemia at 71% max HR, ischemia at max HR can not be ruled out. Onset.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.
This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater.

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.

This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a cardiac mass.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient’s cardiac symptoms.

This is a request for Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.

This is a request for Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.

For pre op clearance; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a tumor.
<table>
<thead>
<tr>
<th>Service Code</th>
<th>Description</th>
<th>Approval Status</th>
<th>Radiology Services</th>
<th>Medical Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td>71250</td>
<td>CT CHEST, THORAX</td>
<td>Disapproval</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
</tr>
<tr>
<td>71275</td>
<td>CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST</td>
<td>Disapproval</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
</tr>
<tr>
<td>72148</td>
<td>MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>Disapproval</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
</tr>
<tr>
<td>74174</td>
<td>CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST</td>
<td>Disapproval</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
</tr>
<tr>
<td>75571</td>
<td>Coronary Artery Calcium Score, EBCT</td>
<td>Disapproval</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
</tr>
<tr>
<td>78451</td>
<td>Myocardial perfusion imaging, tomographic (SPECT); single study</td>
<td>Disapproval</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
</tr>
<tr>
<td>93307</td>
<td>TTHRC R-T IMG 2D +M-MODE REC COMPL</td>
<td>Disapproval</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
</tr>
</tbody>
</table>

Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT

Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT

PATIENT COMPLAINED OF BACK AND NECK PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

severe claudication of RT LE; pt has trouble walking due to swelling and pain; no pulses in RT foot at all.; This study is being ordered for Vascular Disease.; early 2017; There has been treatment or conservative therapy.; no pulses in RT foot; severe claudication, leg swelling &amp; cramping; abnormal ABI/arterial Doppler in late October; pt has severe claudication in RT LE, and no pulses in his RT foot.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for CT angiography of the abdomen and pelvis.

EKG shows normal sinus rhythm, poor r wave progression with nonspecific ST changes; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/2017 syncope 2014 CAD; There has been treatment or conservative therapy.; passing out, syncope, multiple episodes, loss consensus completely; CAD pt had stenting; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested to evaluate a suspected cardiac mass.

EKG shows normal sinus rhythm, poor r wave progression with nonspecific ST changes; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/2017 syncope 2014 CAD; There has been treatment or conservative therapy.; passing out, syncope, multiple episodes, loss consensus completely; CAD pt had stenting; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
Cardiac Surgery Disapproval 93350 ECHO TTHRC R-T 2D --M-MODE COMPLETE Radiology Services Denied REST&STRS Not Medically Necessary

Cardiology Approval 70450 CT BRAIN, HEAD

I had the pleasure of seeing Mrs. Alarcon in consultation for Atrial fibrillation. As you know she is a pleasant 56 yr old female with a history of HTN, HL, atrial fibrillation. She was diagnosed at the onset of the year, with a flu like;

Cardiology Approval 70450 CT BRAIN, HEAD

This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for stroke or aneurysm.; This study is being ordered for screening for aneurysm or AVM.

None; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.

Cardiology Approval 70450 CT BRAIN, HEAD

This is a request for a brain/head CT.; The patient has a new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.

Cardiology Approval 70450 CT BRAIN, HEAD

This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."); This study is being requested for a headache.

Cardiology Approval 70450 CT BRAIN, HEAD

70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTR RAST

This study is being ordered for Vascular Disease.; 10/6/17; There has not been any treatment or conservative therapy.; Right leg Numbness, Falls, Short of breath, chest tightness, dizziness, Near syncope; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Cardiology Approval 70496 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTR RAST

70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTR RAST

This study is being ordered for Vascular Disease.; 10/6/17; There has not been any treatment or conservative therapy.; Right leg Numbness, Falls, Short of breath, chest tightness, dizziness, Near syncope; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
Cardiology Approval 70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
This study is being ordered for Vascular Disease.; 10/2016; There has been treatment or conservative therapy.; Heart fluttering Pain Stenosis of Carotid Artery Dizziness; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
1

Cardiology Approval 70540 MRI ORBIT/FACE/NECK W/O DYE
"This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for pre-operative evaluation
1

Cardiology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.
1

Cardiology Approval 71250 CT CHEST, THORAX
"The ordering physician is a surgeon, pulmonologist, or cardiologist.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT
2

Cardiology Approval 71250 CT CHEST, THORAX
"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT
1

Cardiology Approval 71250 CT CHEST, THORAX
Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT
1

Cardiology Approval 71250 CT CHEST, THORAX
Abnormal high BMI. Will start walking when well from pneumonia. One year follow up for Thoracic aortic aneurysm without rupture; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT
1

Cardiology Approval 71250 CT CHEST, THORAX
Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT
1

Cardiology Approval 71250 CT CHEST, THORAX
Aseending thoracic aortic aneurysm measuring 5 centimeters; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT
1

Cardiology Approval 71250 CT CHEST, THORAX
Ascending thoracic aeurysm; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT
1

Cardiology Approval 71250 CT CHEST, THORAX
Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT
1

Cardiology Approval 71250 CT CHEST, THORAX
Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT
1
<table>
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<th>Cardiology</th>
<th>Approval</th>
<th>Procedure Code</th>
<th>Procedure Description</th>
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<tr>
<td></td>
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<td>71250 CT CHEST, THORAX</td>
<td>Chest pain describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT</td>
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<td>71250 CT CHEST, THORAX</td>
<td>Chest pain describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT</td>
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<td>71250 CT CHEST, THORAX</td>
<td>Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT</td>
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<td>71250 CT CHEST, THORAX</td>
<td>no additional.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/25/2016; There has been treatment or conservative therapy.; congestive heart failure, hypertension.; the patient has a LVAD inserted on 4/25/2017--to help his value of life. We are working him up for a heart transplant evaluation.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>71250 CT CHEST, THORAX</td>
<td>'None of the above' describes the reason for this request.; The patient had an abnormal imaging (xray) finding related to the suspicion of cancer in th is patient.; This is a request for a Chest CT.; This study is beign requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT</td>
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<td>71250 CT CHEST, THORAX</td>
<td>'None of the above' describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT</td>
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<td>71250 CT CHEST, THORAX</td>
<td>Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT</td>
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<td>71250 CT CHEST, THORAX</td>
<td>Pre-op evaluation; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; congestive heart failure; ventricular disfunction; implant placed; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>71250 CT CHEST, THORAX</td>
<td>Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT</td>
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<td>71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST RAST</td>
<td>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/14/2016; There has not been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST RAST

This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.

This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.

This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.

This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.

This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.

This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.

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This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.

This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.
AF recently diagnosed, 3 weeks ago. on NST&lx0D; on eliquis, and Diltiazem. &lx0D; 60 yo with CAD, smoke 40 ppd quit 5 month ago ? COPD, HTN, HL.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is scheduled/planned.; A catheter angiogram has not been performed within the last month.; Yes, this is a request for a Chest CT Angiography.

descending aortic aneurysm follow up.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.

descending thoracic aorta at 4.4 cm; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.

dilated aortic root at 4.5 cm diameter, coronary atherosclerotic disease, Total calcium score of 0. Exertional dyspnea following abnormal stress test showing global wall motion abnormality. on 9/25/17 admitted for LHC-1 Successful mid LAD drug-eluting ste; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.

EVALUATION FOR CONGENITAL VENOUS ANOMALY OF PERSISTANT LEFT SIDED SVC; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.

F/U THORACIC AORTIC ANEURYSM.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; There are no signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT Angiography.

Known dilated aortic root and thoracic aortic aneurysm. Pt has htn.; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.

Known thoracic aortic aneurysm; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is scheduled/planned.; A catheter angiogram has not been performed within the last month.; Yes, this is a request for a Chest CT Angiography.
Mr. Caston returns to clinic today feeling well without cardiovascular complaints or angina pectoris. CTA last year showed growth in his dilated aortic root from 3.4cm in 2015 to 3.7cm in 2016. He has had good control of his blood pressure on current med.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a Follow‐up to a previous angiogram or MR angiogram.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.

Mr. Roberts is here for cardiac clearance. He has known CAD s/p CABG, CVA, HTN, and murmur. He reports fatigue. If he walks 40-50 yards, his legs get tired and weak. He reports pain in his feet. He is out of his cholesterol medication. He denies chest pai; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is scheduled/planned.; A catheter angiogram has not been performed within the last month.; Yes, this is a request for a Chest CT Angiography.

Ms. Dreher is a 30 yo WF with a hx of vasovagal syncope, palpitations, PAF/AT and NSVT who presents for follow up. She was seen at AHH ED with c/o PAF with exercise and noted to have K 3.3. Continues on multaq. Discussed possible PVI with breakthrough AF.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is scheduled/planned.; A catheter angiogram has not been performed within the last month.; Yes, this is a request for a Chest CT Angiography.

Patient has A Known Aortic Aneurism; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.

Pt has been experiencing right side hypersensitivity and now is experiencing low back pain across the entire back causing different sensations of warm feeling, sharp pain radiating to his LE. All of the pains he has been experiencing is from the waist down; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is scheduled/planned.; A catheter angiogram has not been performed within the last month.; Yes, this is a request for a Chest CT Angiography.
Referring Provider: Scott Beau MD

I had the pleasure of seeing Mr. Jones in consultation for pulmonary vein isolation. As you know he is a pleasant 61 yr old male with a history of GERD, OSA eval negative, HT; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is scheduled/planned.; A catheter angiogram has not been performed within the last month.; Yes, this is a request for a Chest CT Angiography.

This study is requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; There are signs or symptoms indicative of vascular insufficiency to the neck or arms.; Yes, this is a request for a Chest CT Angiography.

This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

THORACIC AORTIC ANEURYSM SEEN ON ECHO.; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.

Thoracic Aortic Aneurysm with chest pain and sob.; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.

To f/u a pseudoaneurysm.; This study is being ordered for Vascular Disease.; 07/05/2016; There has been treatment or conservative therapy.; Edema with chest pain; Patient had serial ct scans to monitor the aneurysm. The aneurysm got too large and was repaired.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBC, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

To reassess the patient ascending aneurysm.; This study is not requested to evaluate suspected pulmonary embolus.; It is not known if this study will be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.

unknown; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for Known or Suspected Congenital Abnormality.; The abnormality is of a cardiac nature.; There is a known or suspected coarctation of the aorta.; Yes, this is a request for a Chest CT Angiography.

follow-up on the aorta ectasia.; This is a request for a MR Angiogram of the chest or thorax
Cardiology Approval
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI. The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.

Cardiology Approval
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.

Cardiology Approval
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits.

Cardiology Approval
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)

Cardiology Approval
72192 CT PELVIS WITHOUT CONTRAST
This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT

Cardiology Approval
73706 CT ANGIOGRAPHY LOWER EXTREMITY
Yes, this is a request for CT Angiography of the lower extremity.

Cardiology Approval
74150 CT ABDOMEN WITHOUT CONTRAST
This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Which organ is enlarged? Other; Yes this is a request for a Diagnostic CT

Cardiology Approval
74150 CT ABDOMEN WITHOUT CONTRAST
HX OF LUNG NODULES, HX OF FATIGUE, HX OF HEART FAILURE, HX OF ANGINA.; This study is being ordered for Inflammatory/ Infectious Disease.; 11/20/2017; There has been treatment or conservative therapy.; CHEST PAIN, SOB AND FATIGUE.; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Cardiology Approval
74150 CT ABDOMEN WITHOUT CONTRAST
This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is a request for initial staging of a known tumor other than prostate.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT

Cardiology Approval
74150 CT ABDOMEN WITHOUT CONTRAST
This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Yes this is a request for a Diagnostic CT
This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT.; This study is being ordered for Vascular Disease.; 03/2016; There has been treatment or conservative therapy.; She reports her shortness of breath better We did again review in detail her most recent CT scan for evaluation and surveillance of her aneurysm last measured at 4.7 cm in June of this year. I will go ahead and request a 6 months follow-up CT scan of her c; n/a; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for CT Angiography of the Abdomen and Pelvis. To f/u a pseudoaneurysm.; This study is being ordered for Vascular Disease.; 07/05/2016; There has been treatment or conservative therapy.; Edema with chest pain; Patient had serial ct scans to monitor the aneurysm. The aneurysm got too large and was repaired.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Yes, this is a request for CT Angiography of the abdomen. 6 month Common Iliac Aneurysm Follow up; This is a request for an abdomen-pelvis CT combination.; The reason for the study is vascular disease.; There is known or suspicion of an abdominal aortic aneurysm.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT no additional.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/25/2016; There has been treatment or conservative therapy.; congestive heart failure, hypertension.; the patient has a LVAD inserted on 4/25/2017—to help his value of life. We are working him up for a heart transplant evaluation.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Pre-op evaluation; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; congestive heart failure; ventricular disfunction; implant placed; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The requested studies are not being ordered for known or suspected aneurysms, hematoma, or blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; There is evidence of vascular abnormality seen on plain film and/or Ultrasound/ Doppler.; Vascular disease; Yes this is a request for a Diagnostic CT

This is a request for a MR Angiogram of the abdomen.

This is a request for a heart or cardiac MRI.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for a Heart CT.

This is a request for Heart CT Congenital Studies.

This is a request for CTA Coronary Arteries.; The patient has had a stress echocardiogram; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.
This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.

Abnormal EKG; Essential hypertension; Family history of CAD; Chest pain; COPD.; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.

Chest pain with exertion. She had a previous stress echo that showed suboptimal augmentation of the LV; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.

Obese woman with SOB and Chest Pain.; This is a request for CTA Coronary Arteries.; A study not listed has be completed.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member has known or suspected coronary artery disease.

plain treadmill test in office on 11/29 for 4 mins and chest pain while on the treadmill; This is a request for CTA Coronary Arteries.; A study not listed has be completed.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member has known or suspected coronary artery disease.

The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; &lt;Additional Clinical Information&gt;; Yes, there is Chronic Chest Pain.
The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic.; No, patient does not have new onset congestive heart failure.; Last week she developed burning, epigastric. Radiated to lower left and right chest. Moderate. Lasted for several hours. Seen in ED and better with GI cocktail. No recurrence after that one day. Not worse with exertion.; Yes, there is Chronic Chest Pain.

The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic.; No, patient does not have new onset congestive heart failure.; Pt added on to clinic after having chest pain following her stress test. She is on flecainade therapy. She is having 3/10 chest pain in the office. She has not had any visualization of her coronary arteries. She comes in today for further evaluation.; Yes, there is Chronic Chest Pain.

The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic.; No, patient does not have new onset congestive heart failure.; PT is having SOB and syncope, unable to walk on treadmill for stress test; Yes, there is Chronic Chest Pain.

The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic.; No, patient does not have new onset congestive heart failure.; PT with systolic murmur experiencing increased SOB, chest pain and BLE swelling; Yes, there is Chronic Chest Pain.

The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic.; No, patient does not have new onset congestive heart failure.; recurrent cp and sob; Yes, there is Chronic Chest Pain.
The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic.; No, patient does not have new onset congestive heart failure.; see attached clinicals; Yes, there is Chronic Chest Pain.

The patient does not have three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic.; It is not known if patient has new onset congestive heart failure.; &lt;Additional Clinical Information&gt;; Yes, there is Chronic Chest Pain.

The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic.; Yes, there is Chronic Chest Pain.

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The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic.; No, patient does not have new onset congestive heart failure.; Yes, there is Chronic Chest Pain.

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The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; None; Yes, there is Chronic Chest Pain. 1

The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; Patient has family hx of premature coronary artery disease; Yes, there is Chronic Chest Pain. 1

The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; Patient with family hx of premature coronary artery disease; Yes, there is Chronic Chest Pain. 1

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The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; Shortness of Breath, Shortness of Breath upon Exertion, Chest pain, OVER 50, DIABETES, HYPERTENSION.; Yes, there is Chronic Chest Pain. 1

There is “Acute Chest Pain” or Angina.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; It is not known if patient has new onset congestive heart failure.; Recent onset of chest radiating into the arms and neck, cannot do treadmill due to Fibromyalgia and chronic back pain; No, there is no Chronic Chest Pain. 1
Cardiology Approval

75574 CT Angiography
Heart coronary arteries, CCTA

This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.

This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.

This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the study is requested for suspected or known coronary artery disease.; The member has known or suspected coronary artery disease.

This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery.

This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.

This request is for a Coronary CT Angiography study.; It is not known if patient did not have a Nuclear Cardiology study within the past six months.; Chest Pain

This request is for a Coronary CT Angiography study.; It is not known if patient did not have a Nuclear Cardiology study within the past six months.; CHEST PAIN WITH NORMAL STRESS TEST.

This request is for a Coronary CT Angiography study.; It is not known if patient did not have a Nuclear Cardiology study within the past six months.; SOB with rest and exertion.

This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for being evaluated prior to a cardiac surgical procedure.; &lt;Additional Clinical Information&gt; No, the examination is not for noninvasive coronary arterial mapping.

This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for being evaluated prior to a noncardiac surgical procedure.; &lt;Additional Clinical Information&gt;

This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for prior equivocal or uninterruptible cardiac imaging.; equivocal but low risk stress echo. patient had no exercise-induced chest pain but developed close to 1 mm ST depression in v5 v6 at peak exercise resolving less than 1 min into recovery. No segmental wall motion abnormalities noted in the post exercise i; Yes, this patient has an equivocal or uninterpretable stress test (exercise, perfusion, or stress echo).
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<tr>
<td>75574</td>
<td>CT</td>
<td>Angiography</td>
<td>Heart coronary arteries, CCTA</td>
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</table>
| 75574      | CT    | Angiography | Heart coronary arteries, CCTA | | This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and asymptomatic (no significant symptoms)?; Reason for Appointment: 1. Chest tightness; & hx OD; 2. Arm pain & hx OD; 3. History of Present Illness & hx OD; HPI: 42 y.o. female with h/o possible tachybrady syndrome, hypotension, hypothyroidism, HLD, arrhythmia, MVP last seen for workup of cardiac arrhythm 
 | | | | |
| 75574      | CT    | Angiography | Heart coronary arteries, CCTA | | This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; 43 y/o female with known hx of CAD, HTN, HLPD, DM, AFIB, Mitral & hx OD; Valve Prolapse, family hx CAD. Recent hospitalization for chest pain. Equivocal nuclear stress test. Pt is complaining of recurrent angina, shortness of breath, and dyspnea on exertion, dizz |
| 75574      | CT    | Angiography | Heart coronary arteries, CCTA | | This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; Anomalous coronary artery. |
| 75574      | CT    | Angiography | Heart coronary arteries, CCTA | | This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; Because of this lady's obesity, I do not think we will do much better with CT angiography than we have done with nuclear imaging which is nondiagnostic. She cannot exercise well, so we need to look at her coronaries. The question is whether we can see t |
| 75574      | CT    | Angiography | Heart coronary arteries, CCTA | | This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; Mr. McCormick is here today to discuss recent testing. He underwent TMST which was abnormal and revealed mildly abnormal ST changes at peak exercise. He complains of feeling dizzy, pale, weak, and sweaty after any exertion (including sex). His wife is a R |
| 75635      | CTA   | AA&BI | ILIOFEM LXT RS&I C/C+ POST-PXESSING | | One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. |
| 75635      | CTA   | AA&BI | ILIOFEM LXT RS&I C/C+ POST-PXESSING | | Yes, this is a request for CT Angiography of the abdominal arteries. |

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<td>78451</td>
<td>Myocardial perfusion imaging, tomographic (SPECT); single study</td>
<td></td>
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78451 Myocardial perfusion imaging, tomographic (SPECT); single study

#1 abnormal heart saver CT: He recently had a heart saver CT. This revealed a score of 723 in the LAD in 192 in the right coronary artery. At this time he remains active physically. He’s not having any symptoms of angina. His EKG does not have any ischemi; The study is being ordered for suspected CAD.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient has had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

&It; CTA of coronary done April shows moderate disease in LAD ending up having heart cath. done showed single vessel disease of LAD still having chest pain left sided described as heaviness occurs with exertion radiates to left arm with tingling in left arm; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram; nuclear cardiology study or a stress EKG.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt; post op check up; This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is not presenting new symptoms of chest pain or significant EKG changes.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; It is not known if the patient is diabetic.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.

The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

The study is being ordered for suspected CAD.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; It is not known if the patient has had a recent non-nuclear stress test.; It is not known if the patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.
The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/5/2017; There has not been any treatment or conservative therapy.; chest pain, shortness of breath.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Angina (I20.9); Hypertension (I10); Hyperlipidemia (E78.5); Diabetes mellitus (E11.9); Shortness of breath (R06.00); Aortic murmur (I35.8); The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

It is not known if the patient is diabetic.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.

It is not known if the patient is diabetic.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.

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<td>; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient's diagnosis was established by a previous stress echocardiogram, nuclear cardiology study, or stress EKG.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient is male.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old. 1</td>
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Cardiology Approval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

Cardiology Approval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; It is not known if the patient is diabetic.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); It is not known if the patient has a physical limitation to exercise.; The patient is male.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

Cardiology Approval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

Cardiology Approval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has a physical limitation to exercise.; The patient is male.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

Cardiology Approval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre-op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.
This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study). Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms. The study is not requested for pre-op evaluation, cardiac mass, CHF, septal defects, or valve disorders. There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath. There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent. The member has known or suspected coronary artery disease.

1. The patient has 3 or more cardiac risk factors; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29

2. The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29

3. The patient has 2 cardiac risk factors; The study is not requested for pre-op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29

4. The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre-op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent. The member has known or suspected coronary artery disease.; The BMI is 20 to 29
This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is not presenting new symptoms of chest pain or significant EKG changes.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is presenting new symptoms of chest pain or significant EKG changes.; It is not known if the patient had a stress echocardiogram since surgery.; The patient has not had a stress echocardiogram within the past eight weeks.; No, patient did not have a nuclear cardiology study since surgery.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is presenting new symptoms of chest pain or significant EKG changes.; The patient has not had a nuclear cardiology study since surgery.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is presenting new symptoms of chest pain or significant EKG changes.; The patient has not had a stress echocardiogram within the past eight weeks.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

This study is being ordered as a pre-operative evaluation.; It is not known if the patient is presenting with new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent stress echocardiogram.; The patient has known CAD.; This patient had a previous cardiac surgery or angioplasty.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

This study is being ordered as a pre-operative evaluation.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; It is not known whether this evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

This study is being ordered as a pre-operative evaluation.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.
1 angina: He’s been having symptoms of dyspnea on exertion over the past few months. We does moderate activity gets markedly short of breath. He’s noticeable changes exercise tolerance as well. A few weeks ago when he was dragracing, he had an episode of ; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.; The patient is male.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

50-year-old white male who presents with the symptoms as described above. The symptoms certainly range in the possibilities between ischemic heart disease possible congestive heart failure and possible pulmonary in etiology. At this point I would like; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

A 58-year-old female with: 1. Intermittent palpitations.; 2. Intermittent chest pain.; 3. History of fibromyalgia and arthritis. Unable to exercise from musculoskeletal issues.; 4. Acute QT prolongation. ; 5. Dyslipidemia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39.
Myocardial perfusion imaging, tomographic (SPECT); single study

The study is being ordered for suspected CAD.;
The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.;
The patient has not had a recent non-nuclear stress test.;
The patient has had a recent abnormal EKG consistent with CAD.;
The patient has not had a recent stress echocardiogram.;
The patient has not had a stress echocardiogram within the past eight weeks.;
This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient is male.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

ABN EKG; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.;

The patient’s age is between 45 and 64 years old. 1

Abnormal results of other cardio function study; This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is presenting new symptoms of chest pain or significant EKG changes.;
The patient has not had a stress echocardiogram since surgery.;
The patient has not had a stress echocardiogram within the past eight weeks.; No, patient did not have a nuclear cardiology study since surgery.;
This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

Active chest pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.;
The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.;
There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.;
The study is requested for suspected coronary artery disease.;
The member has known or suspected coronary artery disease.
78451 Myocardial perfusion imaging, tomographic (SPECT); single study

AFIB, HOLTER MONITOR SHOWS episodes of AF with a HR of 170's. There was a lot of artifact noted. 
Prior History: palpitations, syncope, CHA2DS2-VASC Score: heart failure or LV dysfunction (1 point); hypertension (1 point); CHA2DS2-VASC score total: 2
The study is being ordered for suspected CAD. The patient is presenting with symptoms of atypical chest pain and/or shortness of breath. The patient has not had previous cardiac surgery or angioplasty. The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Angina, Dyspnea on exertion, other CP, HTN; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Audra returns for f/u. Echo showed mild LVH and normal LV function. She has had no further severe episodes of LE edema. Today she is concerned about occasional brief episodes of a “pulling” discomfort in the left chest, lasts 5-10 minutes, at rest in the ; The study is being ordered for suspected CAD. The patient is presenting with symptoms of atypical chest pain and/or shortness of breath. The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

c/o retrosternal chest pain and bilateral arm pain and tingling for lst 3-4 months. Symptoms last for a few minutes and resolves on its own. Not always related to exertion. Also c/o palpitations, 1-2 times a week, resolves in 5-10 minutes. No syncope, orth; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.
Cardiology Approval
78451 Myocardial perfusion imaging, tomographic (SPECT); single study
CAD/Angina; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

Cardiology Approval
78451 Myocardial perfusion imaging, tomographic (SPECT); single study
cardiac clearance; This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

Cardiology Approval
78451 Myocardial perfusion imaging, tomographic (SPECT); single study
cardiomyopathy; In this patient we should check to see if there is any evidence of LV dysfunction. His there is any evidence of ischemia. Any evidence of valvular abnormalities. Any evidence of pulmonary hypertension. Her any evidence of dysrythmias. Winder; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.

Cardiology Approval
78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Chest pain abnormal EKG palpitations; It is not known if the patient is diabetic.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.

Cardiology Approval
78451 Myocardial perfusion imaging, tomographic (SPECT); single study
chest pain on exertion and shortness of breath when walking; continues to have episodes of chest pain, palpitations, pt was able to walk on treadmill approx 4 minutes.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.
Chest pain sob was not able to walk on treadmill; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

Symptoms: chest pain, numbness, shortness of breath, fatigue, palpitations; At this point, we'll go forward with a full noninvasive evaluation also look that these episodes of palpitations may be related to dysrhythmia and a 24-hour Holter monitoring. We'll do a T; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.

Chest pain, atypical. Fatigue, multifactorial, possibility of sleep apnea on there with history of snoring and significant tiredness. Recommend sleep study.

Symptoms: chest pain, heart racing, short of breathe, swelling in legs, palpitations; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.
Yogin Patel is a 60 y.o. male who presents for complaints of chest pain. Pertinent history: The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

Georgia Thompson is a 59 y.o. female who presents for a follow up. C/o intermittent left sided chest pain that radiates into the left upper back.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

Chest pain; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

Chest pain; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.

Chest pain; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.

Chest pains shortness of breath; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.
<table>
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<th>Cardiology</th>
<th>Myocardial perfusion imaging, tomoscopic (SPECT); single study</th>
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<td>78451</td>
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<td>Chest pressure and tightness with exertion consistent with angina. HTN, Hyperlipidemia, Long QT on beta blockade. Unable to exercise due to orthopaedic issues.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39.</td>
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<td>chest tightness, dyslipidemia, arteriosclerotic cardiovascular disease, &amp; x 0D; &amp; x 0D; &amp; x 0D; Joshua M Miller is a 36 y.o. male who presents as problem visit. Pertinent history includes: Coronary artery disease with DES 10/2/17, smoking, dyslipidemia. Other past medical hi; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.</td>
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<td>Chronic combined systolic (congestive) and diastolic (congestive) heart failure; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.</td>
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<td>Coronary arteriosclerosis, Palpitations, chest pain on exertion, Smoking Status: Current every day smoker; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiac study or a stress EKG.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.</td>
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<td>Coronary artery disease, 40% LAD stenosis 12/2016&amp; x 0D; Hypertension &amp; x 0D; Diabetes &amp; x 0D; Dyslipidemia &amp; x 0D; &amp; x 0D; Pt has abnormal stress ekg today in office; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.</td>
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Myocardial perfusion imaging, tomographic (SPECT); single study

Cardiology Approval
78451 Myocardial perfusion imaging, tomographic (SPECT); single study
coronary artery disease, s/p stent, angina, diabetes,
dyslipidemia, st elevation myocardial infarction; This is a request for Myocardial Perfusion Imaging [Nuclear Cardiology Study]. The patient has not had other testing done to evaluate new or changing symptoms; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent; The member has known or suspected coronary artery disease; The BMI is 30 to 39

Cardiology Approval
78451 Myocardial perfusion imaging, tomographic (SPECT); single study
cp with sob during physical activity; weakness and fatigue; unable to tolerate exercise; abnormal ekg; The patient is not diabetic; The patient has not had a recent exercise treadmill test that was positive; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs; This is a request for Myocardial Perfusion Imaging [Nuclear Cardiology Study]; This is NOT a Medicare member.; The patient is less than 45 years old.

Cardiology Approval
78451 Myocardial perfusion imaging, tomographic (SPECT); single study
CP, Family History of Heart Disease, Smoker; It is not known if the patient is diabetic; The patient has not had a recent exercise treadmill test that was positive; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs; This is a request for Myocardial Perfusion Imaging [Nuclear Cardiology Study]; This is NOT a Medicare member.; The patient is less than 45 years old.

Cardiology Approval
78451 Myocardial perfusion imaging, tomographic (SPECT); single study
cp, smoker, abn ekg, hypertension; The study is being ordered for suspected CAD; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath; The patient has not had previous cardiac surgery or angioplasty; The patient has not had a recent non-nuclear stress test; The patient has not had a stress echocardiogram within the past eight weeks; This is a request for Myocardial Perfusion Imaging [Nuclear Cardiology Study]; The patient does not have a physical limitation to exercise; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

Cardiology Approval
78451 Myocardial perfusion imaging, tomographic (SPECT); single study
cp, smoker, dyspnea, abn ekg; The study is being ordered for suspected CAD; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath; The patient has not had previous cardiac surgery or angioplasty; The patient has not had a recent non-nuclear stress test; The patient has not had a stress echocardiogram within the past eight weeks; This is a request for Myocardial Perfusion Imaging [Nuclear Cardiology Study]; The patient does not have a physical limitation to exercise; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

Cardiology Approval
78451 Myocardial perfusion imaging, tomographic (SPECT); single study
cp, smoker, family hx cad, hypertension; The patient is not diabetic; The patient has not had a recent exercise treadmill test that was positive; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs; This is a request for Myocardial Perfusion Imaging [Nuclear Cardiology Study]; This is NOT a Medicare member.; The patient is less than 45 years old.
78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Cardiology Approval

cp. cad, htn, hx of cva; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.
diabetic, hyperlipidemia, hypertension, dyspnea, cp, abn ekg; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29
dyspnea, family hx cad.; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.
Echo 11/13/17 Ef 45-50%, mild LVH, diastolic dysfunction , mild mr &##00D; Patient in office 11-28-17 with chest pain and afib w/rvr; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

Encounter for Observation, Palpitation, dyspnea on exertion, HTN; The study is being ordered for suspected CAD.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.
Enter answer here - or Type In Unknown If No Info Given Patient needs re-evaluation of CAD since his MI 9 years ago.; The study is being ordered for known CAD.; It is not known if the patient is presenting with new symptoms of chest pain or increasing shortness of breath.; This patient had a previous myocardial infarction.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.
Enter Patient is a 46 year old female who presents today as new patient. PMH includes HTN, HLD, OA, DM type II, OSA with use of CPAP, anxiety and fibromyalgia. LHC in 10/2011 showed diastolic dysfunction with no significant CAD. ECHO in 2011 showed EF 55%; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

Essential hypertension &x0D; Morbid obesity &x0D; Dyspnea on exertion &x0D; Family history of coronary artery disease; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.

FAX; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.

FAX; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

FOLLOW UP OF KNOWN CAD.; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

Get's dizzy and light headed if walks on treadmill; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.
He had a colonoscopy and after a GIB that required 4 units of PRBC's and they noticed a HR in the 30's. He wore a holter that showed some 2:1 AVB that could be Mobitz II type II block and is on an event monitor to differentiate between Wenkebach or True M; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

He reports he was seen at Dr. Bates office yesterday and was told his EKG was abnormal. He complains of substernal chest pressure over the past 2-3 months that occurs without regards to exertion. He states it occurs almost daily. He also reports SOB that.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

Heart Murmur
hyperlipidemia
fibromyalgia
abnormal ECG
Hypercholesteremia
Family History of Coronary Artery Disease
Shortness of breath
Muscular and Joint Pain due to secondary fibromyalgia; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.

heart murmur
Provided heart murmur: care instructions
essential hypertension
Provided high blood pressure: care instructions
Provided learning about high blood pressure
Type 2 diabetes mellitus without complications
Provided type 2 diabetes: care ins; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39

hx chs and dyspnea on exertion; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.
Hx of hypertension, left bundle branch block showing on EKG, having left sided chest pain radiating to right side of chest as well as back and top of arm. Pain is worse on exertion. Complaining of ongoing headaches and shortness of breathe. Mother died of; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old. impression:
1 coronary artery disease: She’s a few years out from intervention to the right coronary artery. Her last angiogram was year and a half ago. She’s been having some breakthrough angina from time to time. The episodes are short-lived. They can; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breathe.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39
inducible ischemia; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.
intermittent chest pain, junctional tachycardia, heart palpitations; seen in ER on 11/17/17; Pt c/o of left sided chest pain radiating to left arm that "feels numb" onset 10 minutes prior to arrival to the ED. Pt states pain was initially sharp, now ju;

The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.

It is not known if the patient is diabetic.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; The patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.

It is not known if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); It is not known if the patient has diabetes.; The patient is 65 or older.; The patient has a cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has been greater than 2 years since the surgery/procedure or last cardiac imaging.
Mr. Askew is here today for cardiac evaluation. He has noticed the last couple of months that he has had some intermittent heart flutters. He also states that his bp has been running a little higher than normal for him lately and he has been having indigestion. The study is being ordered for suspected CAD.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient is male.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

Mr. Sanders is a 39 year old male here to follow up after an abnormal Keep the Beat scan. He was noted to have a coronary artery calcium score of 21.6. He decided to do Keep the Beat after a few friends of his needed stents. He denies angina. He reports dy; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.

Mr. Wiedio is here for cardiac evaluation. He had some cp on Wednesday while at Disney World that was relieved by nitro. Pain was on left side and did not radiate but he was pale and very uncomfortable. BP was extremely high during this episode. He went to; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.

Mr. Foster comes in today to discuss concerns of chest pain that radiate into neck and chin area. Recently has had episodes of HTN upon resting at cardiac rehab. He had a couple episodes of this chest pain.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.
Mr. Scaife is self-referred after recent elevated coronary calcium screening. He notes severe fatigue during the last year, at rest and during exertion. He notes worsening dyspnea on exertion with some mild chest tightness when walking uphill during rec; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.

Mrs Fairfield is a 34 year old female referred for palpitations. She wore a Holter Monitor on 12/5/17 which showed 10,996 PVC in a 24 hour period including some Bigeminy. Her symptoms started about month ago. It got better after she wore her heart monitor; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.

New patient admitted to Dewitt hospital complains of left sided chest pains, stabbing-dull around breast radiating down left arm.; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

New patient Dr. Chambers with fatigue last 9 years, and concerned syncope episodes last 3 years, two episodes last one month, with exercise, dizzy and near syncope,..., no associated palpitations......episodes chest pains at rest, and exercise, precordial.; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.
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<th>Approval</th>
<th>78451 Myocardial perfusion imaging,</th>
<th>single study</th>
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<td>Cardiology</td>
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<td>Myocardial perfusion imaging,</td>
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<td>New patient with history palpitations, at rest, daily episodes, lasting hours, no associated dizziness, feels dyspnea and fatigue...and at times chest heaviness at rest, lasting hours, no radiation, cant take a deep breath, episodes last 3 months, had hyp; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old. nicotine dependence, hypertension, dyspnea.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old. Nondiagnostic stress test due to submaximal heart rate response. Chest pain during exercise The test was terminated due to leg fatigue.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested to evaluate atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29.</td>
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78451 Myocardial perfusion imaging, tomographic (SPECT); single study

None; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 none; This study is being ordered for Vascular Disease.; 10/03/2017; There has not been any treatment or conservative therapy.; I48.91; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Not able to walk on treadmill due to broken ankle. family history of cardiac disease with early onset. chest pain with emotional upset; abnormal ekg. obesity: BMI 32.; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.

other chest pain&n; Janique L Self is a 30 y.o. female who presents to establish care. Pertinent history includes: family hx of CAD. Other past medical history is noted below. Complaints of recurrent sharp chest pain with radiation to back. Happens frequent.; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.

other chest pain, essential hypertension, mixed hyperlipidemia;&n; Karen J Woodall is a 56 y.o. female who presents to establish cardiac care. Referral by Dr. Bond for chest pain. Pertinent history includes: HTN, HL. Other past medical history is noted below. Complaints of intermittent chest pains over.; The patient is not diabetic.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

other chest pain, shortness of breath on exertion;&n; Brenda Ellis is a 43 y.o. female who presents to establish care. Pertinent history includes: obesity, tobacco abuse. Other past medical history is noted below. Complaints of intermittent chest pains over.; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.
Cardiology Approval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

The study is being ordered for suspected CAD.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

Cardiology Approval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Palpitation, Tachycardia, HTN, Dyspnea; The study is being ordered for suspected CAD.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient is male.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

Cardiology Approval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Patient c/o chest pain and SOB while walking.; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.

Cardiology Approval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Patient c/o chest pain and SOB while walking.; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.
Patient cannot walk on treadmill due to shortness of breath. Patient is a smoker. Trace of TR on Echo; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders; The study is requested for suspected coronary artery disease; The member has known or suspected coronary artery disease; The BMI is 20 to 29

Patient diabetic. Having chest pain and SOB. Unable to walk on TM due to diabetic neuropathy and DOE; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders; The study is requested for suspected coronary artery disease; The member has known or suspected coronary artery disease; The BMI is 20 to 29

Patient had treadmill stress test which showed less than 4 METS; The patient has a stress echocardiogram within the past eight weeks; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member; The patient’s age is between 45 and 64 years old

Patient has abnormal stress echo; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders; The study is requested for suspected coronary artery disease; The member has known or suspected coronary artery disease; The BMI is 20 to 29

Patient has been having chest pain with typical and atypical features. Abnormal EKG, HTN, and Family History CAD; The patient is not diabetic; The patient has not had a recent exercise treadmill test that was positive; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member; The patient is less than 45 years old

Patient has BMI of 50. Can not walk on treadmill per surgery. and Obesity; The patient is not diabetic; The patient has not had a recent exercise treadmill test that was positive; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member; The patient is less than 45 years old

Patient has chest pain and palpitations along with shortness of breath. Chest pain is relieved with rest and shortness of breath can happen with or without exertion; The study is being ordered for suspected CAD; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath; The patient has not had previous cardiac surgery or angioplasty; The patient has not had a recent non-nuclear stress test; The patient has not had a stress echocardiogram within the past eight weeks; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise; This is NOT a Medicare member; The patient’s age is between 45 and 64 years old.
Patient has history of CAD and is needing DOT clearance for work; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

Patient has poor exercise tolerance and recently had knee injury and is unable to walk on treadmill. She reports intermittent chest pain with radiation to jaw with associated SOB, occurring mostly at rest; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.

Patient having palpitations, dizziness and fatigue.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

Patient is a 58 year old male who presents today as follow up patient for cardiac evaluation. PMH includes OA, OSA with use of CPAP, and CAD s/p remote PCI to OM x2 with DES in NC in 2009. Abdominal ultrasound on 1/22/2017 showed cholecystectomy and moder.; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

Patient is a known diabetic and has a long history of smoking. Has been having chest pain, dizziness, and SOB that is getting progressively worse and worse.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.
78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Patient originally scheduled and authorized for a stress echo for moderate CAD and dyspnea on exertion but he states he can not walk on treadmill due to "knees are bone on bone"; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29

Cardiology Approval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Patient sob and chest pain. Attempted stress echo but unable to reach adequate heart rate; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

Cardiology Approval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Patient unable to complete Rest Stress ECHO study due to not being able to reach targeted heart rate due to becoming short of breath.; Patient has complaint of decreased exercise tolerance and fatigue.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

Cardiology Approval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Patient with recent hospital stay for new onset a-fib with rapid ventricular response; chest pain; and cardiomyopathy; and abnormal EKG with t wave abnormality; EF of 35%; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not known

Cardiology Approval

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Patient with chest discomfort; physical limitations to exercise.; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.

Cardiology Approval
Patient with complaint of chest pain and short of breath on exertion. Patient ECG was abnormal showing inferior T wave inversions. Patient's BMI is 35. Patient has strong family history of CAD in her mother. Patient has hypertension and hyperlipidemia.; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.

Patient with complaint of chest pain while driving. Patient works as a lineman on power lines. Patients BMI is 30. Chest pain radiated to the left arm. Pain was improved when aspirin was administered.; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.

Patient with history of coronary artery bypass with complaint of new chest pain, substernal in location and radiates to back. Patient is diabetic. Patient continues to be positive for tobacco abuse. Patient has COPD and cannot walk on treadmill.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre-op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29.

Patient with symptoms of chest discomfort that are nondescript in nature. The patient's discomforts are likely not related to angina but he does have elevated risk factors
We'll continue to do her risk analysis in the form of a Framingham risk score.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

Patient with symptoms of chest discomfort that are nondescript in nature. The patient's discomforts are likely not related to angina but he does have elevated risk factors;&We'll continue to do her risk analysis in the form of a Framingham risk score.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.
78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Precordial chest pain, Abnormal EKG & hxOD; Essential Hypertension & hxOD; Family history of early coronary artery disease & hxOD; Morbid obesity; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Precordial chest pain, Dyspnea & hxOD; Abnormal EKG & hxOD; Dyspnea on exertion & hxOD; Essential hypertension & hxOD; Family history of coronary artery disease & hxOD; Morbid obesity; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Precordial chest pain, Dyspnea, Dyspnea on exertion, Abnormal EKG, Essential Hypertension, Family History of coronary artery disease; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Precordial chest pain, Dyspnea, Dyspnea on exertion, Abnormal EKG, Essential Hypertension, Family History of coronary artery disease; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Precordial chest pain, Dyspnea, Dyspnea on exertion, Abnormal EKG, Essential Hypertension, Family History of coronary artery disease; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.
78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Precordial chest pain.
Dyspnea.
Dyspnea on exertion.
Abnormal EKG.
Borderline diabetes.
Hypercholesterolemia.
Hypertriglyceridemia.
Family history of coronary artery disease.
Cardiac murmur; It is not known if the patient is diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Precordial pain; David Aaron Pate is a 50 y.o. Caucasian male who presents for evaluation of chest pain Onset was 30 years ago, with waxing and waning course since that time. The patient admits to chest discomfort that is intermittent, with radiation to; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Prediabetes; Essential (primary) Hypertension; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Premature atrial contractions, premature ventricular contractions, sinus tachycardia seen on cardiac event monitor, atherosclerosis of native coronary artery of native heart without angina pectoris, HTN (hypertension), benign, mixed hyperlipidemia; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient is male.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.
Pressure like chest pain and palpitations since last week; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. This is NOT a Medicare member.; The patient is less than 45 years old. previous heart catheterization; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. This is NOT a Medicare member.; The patient's age is between 45 and 64 years old. Problem List/Impression: 1. Chest pain R07.9; Plan: Nuclear Medicine Stress Test to evaluate for ischemia if insurance with approve.&amp;x0D; &amp;x0D; 2. Shortness of breath R06.02&amp;x0D; Plan: ECHO to evaluate LVEF and valvular abnormalities.&amp;x0D; &amp;x0D; 3. Palpitations R; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29.

Problem List/Impression: 1. Chest pain R07.9&amp;x0D; Plan: Nuclear stress test to evaluate for ischemia&amp;x0D; &amp;x0D; 2. Dyspnea on exertion R06.09&amp;x0D; Plan: 2D Echo to evaluate LV function and for valvular abnormalities&amp;x0D; &amp;x0D; 3. Palpitations R00.2&amp;x0D; Plan: 30 day; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.;

Pt had treadmill stress test on 11/28/17, was not able to achieve the target heart rate.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.;

Pt has BMI S1, abnormal EKG; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. This is NOT a Medicare member.; The patient is less than 45 years old.
78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Pt has decrease in ejection fraction, has sob with exertion, anginal equivalent. Pending knee surgery.; This study is being ordered as a pre-operative evaluation.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient is male.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Pt has history of COPD. Echo revealed severe MAC, History of hyperlipidemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39.

78451 Myocardial perfusion imaging, tomographic (SPECT); single study
pt has hx of anemic, new onset chest pain for 6 mo, L sided pain feels like pins and needles, occurs 3-4x a week, also has increase of shortness of breath as well as dizziness on exertion; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.

78451 Myocardial perfusion imaging, tomographic (SPECT); single study
pt having chest pain at rest and on exertion and hypertension, not a smoker. no hx of cad. strong family history of premature CAD. echocardiogram to evaluate LV function. treadmill nuclear stress test to rule out reversible ischemia.&amp;#x0D;&amp;#x0D; pt reports pain t; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.

78451 Myocardial perfusion imaging, tomographic (SPECT); single study
PT HAVING CP, WITH WEAKNESS, PT HAS A DILATED CARDIOMYOPATHY WITH MODERATE Mitral Annular Calcification; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.

78451 Myocardial perfusion imaging, tomographic (SPECT); single study
pt having severe sob and chest pain that runs through her back with running uphill. hx of htn, no hx of cad. has fm hx of dm and heart dz. her mom had first MI at age 34, sister has CAD at age 49; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.
Pt is a known smoker, has known family history of CAD and has been having SSCP that is worse with activity as well as dizziness, SOB, and palpitations; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.

Pt is a known smoker, is having worsening chest pain and SOB; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

Pt presented to ER w/chest pain, abdominal pain, dyspnea and nausea, hx of hypertension; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

Pt reports SOB with minimal activity, occasionally associated with chest tightness. Rest relieves. Reports frequent HA's with dizziness. Pt has experienced chest pain with exertion.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if the patient has had a previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

Pt w/abnormal EKG, chest pain and palpitations; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

R06.02, R53.83. Strong family history of CAD.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.
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<td>Abnormal ECG &amp; History of Present Illness &amp; Referral Dr Burleson</td>
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**Reason for Appointment**

1. Abnormal ECG & Referral Dr Burleson cardiac investigation and abnormal ECG...discussed diet and tests. & Vital Signs & Referral Dr Burleson;

**HR 64 /min, BP 130/83 mm Hg, Ht 6 ft 3 in, W;** The study is being ordered for suspected CAD.; The patient is presenting with atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

**Reason for Appointment**

1. AF & Referral Dr Burleson;

**History of Present Illness**

Ms Williams is a 57 yo AAF with a hx of PAF in 2/2017, HTN, DM, HLD and CVA 6/18-6/22 at SVI and started on eliquis who was self referred due to worsening cough worse at ni; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

**Reason for Appointment**

1. CAD & History of Present Illness & HPI: 56 y.o. female with h/o DM, HTN, HLD, GERD, CAD s/p NSTEMI treated with PCI of MLCx with Resolute (4/21/2017) LVEDP 20mmHg and LVEF 55% here for late 3 month f/u appt. & HPI: ; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

**Reason for Appointment**

1. Chest Pain & HPI: Mrs. White presents today to establish care. She states that two weeks ago she was awakened from her sleep with chest pressure. She went to the ER at CHI and was gi; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.
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<td>1. Chest pain; History of Present Illness; She has been under increased stress lately; She complains of stress related chest pains. She also has occasional sharp brief left sided chest pains.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</td>
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<td>Recent hospital admission for chest pain and sob. stress echo performed was equivocal due to hypertensive blood pressure response causing the test to be suspended so patient did not reach 85% max heart rate; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</td>
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<td>Recommend follow-up two dimensional echocardiographic Doppler study of follow up on essential hypertension, hypertensive heart disease, left ventricular diastolic dysfunction, nonrheumatic tricuspid insufficiency; Type II diabetes mellit; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</td>
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<td>See previous.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39</td>
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She is here for a follow up visit and is doing well. She denies angina, shortness of breath, orthopnea, or PND. Recurrent pneumonia earlier this summer. Has only mild OSA.; The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient had a previous cardiac surgery or angioplasty.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

She presents today with complaints of intermittent central chest pain over the past few weeks that occurs with exertion with associated symptoms of right arm numbness. She also reports constant fatigue and sleepiness during the day. She states when she ge; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

She reports swelling to her BLE and SOB without regards to exertion that feels “as if there is a lump in my throat”. Her husband reports she will have labored breathing at times while sleeping. The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; It is not known if the patient has had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

Her shortness of breath, fatigue, smoker; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

Her shortness of breath when walking and ankle edema.&x0D; heartburn.&x0D; Quality: dyspnea:&x0D; Severity: mild &x0D; Onset/Timing: daily &x0D; Context: with activity;&x0D; Alleviating Factors: rest &x0D; Aggravating Factors: activity;&x0D; Diabetes: Y;&x0D; Hyperlipidemia: Y;&x0D; Notes: Acute Cerebro;&x0D; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39
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<td>shortness of breath, chest pain, hypertension, hyperlipidemia, palpitations; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39</td>
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<td>Skipped heart beats occurring daily, ECG in the clinic today shows PVCs.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</td>
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<td>stage 4 renal failure, cp, dyspnea; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.</td>
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<td>submaximal exercise stress; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The patient has known or suspected cardiovascular CAD; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.</td>
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Syncopal episode, episode of dizziness, heart palpitations;
Family history of coronary artery disease;
Heart palpitations;
Dizziness;
Syncope;
Abnormal EKG;
The study is being ordered for suspected CAD.;
It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.;
The patient has not had a recent non-nuclear stress test.;
The patient has had a recent stress echocardiogram.;
The patient has not had a stress echocardiogram within the past eight weeks.;
This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);
This is NOT a Medicare member.;
The patient's age is between 45 and 64 years old.;
It is not known if the results of the previous nuclear cardiology were normal.
syncope, unspecified syncope type, epigastric discomfort, essential hypertension, chronic shortness of breath, COPD, significant family history of coronary artery disease;
Juanita Heinzman is a 55 y.o. female who presents for establishing care. Pertinent;
The study is being ordered for suspected CAD.;
The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.;
The patient has not had previous cardiac surgery or angioplasty.;
The patient has not had a recent non-nuclear stress test.;
The patient has not had a stress echocardiogram within the past eight weeks.;
This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);
The patient does not have a physical limitation to exercise.;
This is NOT a Medicare member.;
The patient's age is between 45 and 64 years old.
The patient is a white male who has known coronary arterial disease. He had PCI in 2005 after an MI. He had bypass surgery in 2009, with LIMA graft to LAD and an unknown SVG. He had PCI in 2016 and in June of this year. He has LAD disease distal to his; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);
The patient has not had other testing done to evaluate new or changing symptoms.;
The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.;
There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.;
There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.;
The member has known or suspected coronary artery disease.;
The BMI is 30 to 39;
The patient is diabetic.;
This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);
This is NOT a Medicare member.;
The patient is less than 45 years old.
The patient is diabetic.;
The patient has had a recent exercise treadmill test that was positive.;
This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);
This is NOT a Medicare member.;
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The patient is not diabetic.;
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This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);
This is NOT a Medicare member.;
The patient is less than 45 years old.
The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.;
This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);
It is not known if the patient has diabetes.;
This is NOT a Medicare member.;
The patient is 65 or older.
The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have diabetes.; This is NOT a Medicare member.; The patient is 65 or older.

The study is being ordered for a post myocardial infarction evaluation.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had a nuclear cardiology study since having an MI.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

The study is being ordered for known CAD.; The patient is not presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This patient's diagnosis was established by a previous stress echocardiogram, nuclear cardiology study, or stress EKG.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient is female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient had a previous myocardial infarction.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient's diagnosis was established by a previous stress echocardiogram, nuclear cardiology study, or stress EKG.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.
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<td>The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; It is not known if the patient has had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has a physical limitation to exercise.; The patient is female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</td>
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<td>The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has a physical limitation to exercise.; The patient is female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</td>
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The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient had previous cardiac surgery or angioplasty.; There are new symptoms or changing EKG findings.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old. 4

The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old. 1

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The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; It is not known if there are documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient is female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

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<td>The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is diabetic.; The patient has not had a recent non-nuclear stress test.; &quot;Patient is not clinically obese, nor has an emphysematous chest configuration.&quot;; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study.); The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.</td>
</tr>
<tr>
<td></td>
<td>There were EKG changes to suggest ischemia secondary to occlusive coronary arterial disease. # Abnormal EKG finding (R94.31):&amp;Rx0D; # HYPERLIPIDEMIA MIXED (E78.2):&amp;Rx0D; # MURMURS CARDIAC UNDIAGNOSED (R01.1):&amp;Rx0D; # PVD PERIPHERAL VASCULAR DISEASE UNSPECIFIED (I73.9); This study is being ordered as a post-operative (Cardiac Surgery, Angioplasty or stent) evaluation.; The patient is presenting new symptoms of chest pain or significant EKG changes.; The patient has not had a stress echocardiogram since surgery.; The patient has not had a stress echocardiogram within the past eight weeks.; No, patient did not have a nuclear cardiology study since surgery.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study.); This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.</td>
</tr>
<tr>
<td></td>
<td>This is a 64 year old male that presents as a new patient, referred by Dr. Simpson for &quot;atypical chest pain and uncontrolled diabetes&quot;. Further PMH includes hyperlipidemia, HTN, GERD, and Charcot-Marie-Tooth disease. Patient reports one episode of sharp chest pain.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study.); This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.</td>
</tr>
<tr>
<td></td>
<td>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study.); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater</td>
</tr>
</tbody>
</table>
This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study). The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study). The patient has diabeties.; This is NOT a Medicare member.; The patient is 65 or older.

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study). The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study). The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study). The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study). The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study). The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study). The study is requested for evaluation of the heart prior to non cardiac surgery.

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study). The study is requested for evaluation of the heart prior to non cardiac surgery.
This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study). The study is requested for known or suspected valve disorders.

This study is being ordered as a pre-operative evaluation.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a recent stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient is female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

This study is being ordered as a pre-operative evaluation.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent stress echocardiogram.; The patient has known CAD.; This patient had a previous cardiac surgery or angioplasty.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

This study is being ordered as a pre-operative evaluation.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a recent stress echocardiogram.; The patient has known CAD.; This patient's diagnosis was established by a previous stress echocardiogram, nuclear cardiology study, or stress EKG.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.
This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);; It is not known if the patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient is clinically obese or has an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

Type 1 diabetes mellitus without complications; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.
Type 2 diabetes mellitus without complications; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

Type 2 diabetes mellitus without complications; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

Unknown; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

Unknown; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.

Unknown; The patient is not diabetic.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.
unknown; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.

Unknown; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

Unknown; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is not know

Was in the hospital for cp and sob.; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, post operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

WILL FAX IN; The patient is not diabetic.; It is not known whether the patient has had a recent exercise treadmill test that was positive or not.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.
Myocardial perfusion imaging, tomographic (SPECT); single study

WILL FAX IN; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

Cardiology Approval 78451

Myocardial imaging, PET

This is a request for a Cardiac-imaging PET scan.; This study is being ordered to identify a myocardial perfusion defect.; This patient has NOT had a SPECT scan within the past eight (8) weeks.; No, the patient does not have symptoms including chest tightness, angina and/or shortness of breath on exertion.

Cardiology Approval 78459

CARDIAC OR HEART BLOOD POOL IMAGING

This is a request for a MUGA scan.; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; It is not known if there are EKG findings consistent with cardiomyopathy or myocarditis.; It is not known if there are stress echocardiogram findings consistent with cardiomyopathy or myocarditis.; There are abnormal laboratory findings consistent with cardiomyopathy or myocarditis.; Re evaluate EF post increased dose of Coreg.

Cardiology Approval 78472

This is a request for a MUGA scan.; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; There are EKG findings consistent with cardiomyopathy or myocarditis.; This is a request for a MUGA scan.; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; There are EKG findings consistent with cardiomyopathy or myocarditis.; &gt; Enter answer here - or Type In Unknown If No Info Given.

Cardiology Approval 87472

There are EKG findings consistent with cardiomyopathy or myocarditis.; chf, dilated cardiomyopathy, abn echo

Cardiology Approval 93307

One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
<table>
<thead>
<tr>
<th>Date</th>
<th>History</th>
<th>Studies</th>
<th>MD's Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/07/2017</td>
<td>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.</td>
<td></td>
<td>Cardiology, Oncology, Surgical Oncology or Radiation Oncology</td>
</tr>
<tr>
<td>10/30/2017</td>
<td>There has not been any treatment or conservative therapy. Chest pain, occurs daily, radiates to left arm worsens with exertion. One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
<td></td>
<td>Cardiology, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
</tr>
<tr>
<td></td>
<td>There has not been any treatment or conservative therapy. One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
<td></td>
<td>Cardiology, Oncology, Surgical Oncology or Radiation Oncology</td>
</tr>
<tr>
<td></td>
<td>A 58 y/o with hx of HPLD and HTN who presents for evaluation of DOE and LE swelling. ECG with significant ST-T abn in the precordial leads but no symptoms currently at rest today. Will get an echo and exercise MPI to assess for structural heart disease.</td>
<td></td>
<td>Cardiology, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
</tr>
<tr>
<td></td>
<td>ECG with significant ST-T abn in the precordial leads but no symptoms currently at rest today. Will get an echo and exercise MPI to assess for structural heart disease.</td>
<td></td>
<td>Cardiology, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
</tr>
</tbody>
</table>
chest pain at rest, chest pain, unspecified type & R/O D; Angela M Smith is a 40 y.o. female who presents as new. Pertinent history includes: tobacco use and family history of early onset CAD, father died at age 52yrs from an MI. Other past medical history is no; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient reports chest pain, present for several months even possibly couple years; There has not been any treatment or conservative therapy.; chest pain at rest, chest pain, unspecified type, left-sided, occurs with and without exertion, nonradiating, and associated with SOB; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

none; This study is being ordered for Vascular Disease.; 10/31/2017; There has not been any treatment or conservative therapy.; Pt has CP, HTN, dyspnea on exertion and first degree AV block from EKG; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

none; This study is being ordered for Vascular Disease.; 10/03/2017; There has not been any treatment or conservative therapy.; I48.9; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

PAST HISTORY & R/O D; Past Medical Illnesses: venous insufficiency, HTN, CP, ABN EKG; Cardiovascular Illnesses: ABN EKG, HTN, CP; Infectious Diseases: no history of infectious diseases; Surgical Procedures: fem-pop bypass, vein stripping; & R/O D; This study is being ordered for Vascular Disease.; cardiac risk factors include hypertension that has been controlled with lifestyle modification, family history of heart disease, tobacco abuse, and obesity as her body mass index exceeds 30 kg/m2. For the past several weeks, the patient has been experien; It is not known if there has been any treatment or conservative therapy.; Anginal type chest pain and history of smoking; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

R/O CAD; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; & R; Enter date of initial onset here - or Type In Unknown If No Info Given & R; There has not been any treatment or conservative therapy.; Chest pain, and SOB; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Cardiology Approval 93307 TTHRC R-T IMG 2D +M-MODE REC COMPL
SYNCOPE, CHEST PAINS, SOB, PALPS, DIZZINESS FATIGUE.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PT HAS SYNCOPE, WITH CHEST PAINS, SHORTNESS OF BREATH, FATIGUE PALPS AND DIZZINESS; There has not been any treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Cardiology Approval 93307 TTHRC R-T IMG 2D +M-MODE REC COMPL
This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.

Cardiology Approval 93307 TTHRC R-T IMG 2D +M-MODE REC COMPL
This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.

Cardiology Approval 93307 TTHRC R-T IMG 2D +M-MODE REC COMPL
This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure.

Cardiology Approval 93307 TTHRC R-T IMG 2D +M-MODE REC COMPL
This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient’s cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.

Cardiology Approval 93307 TTHRC R-T IMG 2D +M-MODE REC COMPL
This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of a recent myocardial infarction (heart attack); This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure.

Cardiology Approval 93307 TTHRC R-T IMG 2D +M-MODE REC COMPL
This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient’s cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure.
This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient’s cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.

This is a request for an echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; Known or suspected valve disease.

This is a request for an echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an evaluation of new or changing symptoms of valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected valve disease.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.
This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.;

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a pericardial disease.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; It is unknown if this request is for initial evaluation of a murmur.; This is a request for follow up of a known murmur.
This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There are clinical symptoms supporting a suspicion of structural heart disease.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has been at least 12 months since the last echocardiogram was performed.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 10 - 11 months since the last echocardiogram.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.
This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for evaluation of change of clinical status. 1

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease. 1

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; It has been at least 24 months since the last echocardiogram was performed. 1

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure. 1

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure. 1

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure. 2

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure. 2

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure. 23

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease. 12

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease. 25

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack). 7

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient’s cardiac symptoms. 47

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient’s cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed. 3

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient’s cardiac symptoms.; It has NOT been at least 24 months since the last echocardiogram was performed. 1
This is a request for an echocardiogram; This is a request for a Transthoracic Echocardiogram; This study is being ordered for Evaluation of Pulmonary Hypertension.

We will do a stress echo full study to further evaluate his symptoms; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; UNKNOWN; It is not known if there has been any treatment or conservative therapy; Shortness of breath.; Chest pressure.; Fatigue.; Abnormal EKG; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This a request for an echocardiogram; This is a request for a Transesophageal Echocardiogram; This study is being requested after a completed NON diagnostic transthoracic echocardiogram.

This a request for an echocardiogram; This is a request for a Transesophageal Echocardiogram; This study is being requested for diagnosis and management of infective endocarditis.

This a request for an echocardiogram; This is a request for a Transesophageal Echocardiogram; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.

This a request for an echocardiogram; This is a request for a Transesophageal Echocardiogram; This study is being requested for evaluation of suspected acute aortic pathology such as aneurysm or dissection.

This a request for an echocardiogram; This is a request for a Transesophageal Echocardiogram; This study is being requested for pre-operative evaluation of mitral valve regurgitation.

This a request for an echocardiogram; This is a request for a Transthoracic Echocardiogram; This study is being ordered for Evaluation of Pulmonary Hypertension.

We will do a stress echo full study to further evaluate his symptoms; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; UNKNOWN; It is not known if there has been any treatment or conservative therapy; Shortness of breath.; Chest pressure.; Fatigue.; Abnormal EKG; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
<table>
<thead>
<tr>
<th>Cardiology Approval</th>
<th>93350 ECHO TTHRC R-T 2D → M-MODE COMPLETE REST &amp; STRS</th>
</tr>
</thead>
<tbody>
<tr>
<td>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/27/2017; There has not been any treatment or conservative therapy.; Chest pain, Palpitations, shortness of breath and abnormal EKG.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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</tbody>
</table>

He is here for a routine follow up visit. He denies any angina, shortness of breath, orthopnea, or PND. Saw Dr. Thihalolipavan during a period of NSR, elected for conservative therapy. If No Info Given.; This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is not experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease. 1

None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/12/2017; There has not been any treatment or conservative therapy.; Pt has chest pain and shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

Patient with known CAD for follow up stress after PCI/Stent to check re-stenosis; This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is not experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease. 1

Patient with known CAD for follow up stress after PCI/Stent to check for restenosis.; This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is not experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease. 1

This is a request for a Stress Echocardiogram.; It is unknown if the patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease. 5

This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease. 9

This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease. 2
This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.

This is a request for a Stress Echocardiogram.; To evaluate a suspected cardiac mass.; The member does not have known or suspected coronary artery disease.

This is a request for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.

Ms. Cook is here today for check up. She states that she has been feeling ok except has a knot to left buttock that has been there for about 2 weeks. She has life vest on today but states that she has not been wearing it regularly. She denies any fires fro; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.

Ms. McCurrie is here for a follow up visit. Yesterday she didn't feel well. Then she started to go to the grocery store and had blurry vision. She could not tell the difference between hay bales and fence. Her left eye was worse than the right eye. Her se; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.

Ms. Story presents today with newly diagnosed HTN, with initially poor response to amlodipine therapy and improved BP on losartan but with associated headache. ROS is ow negative.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.

This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.

This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.

This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.
Cardiology Disapproval 70450 CT BRAIN, HEAD Radiology Services Denied Not Medically Necessary This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.

Cardiology Disapproval 70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST Radiology Services Denied Not Medically Necessary This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset; Yes this is a request for a Diagnostic CT

Cardiology Disapproval 70490 CT NECK SOFT TISSUES,LARYNX,THYROID ETC. NO CONTRAST Radiology Services Denied Not Medically Necessary This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT

Cardiology Disapproval 70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST Radiology Services Denied Not Medically Necessary Yes, this is a request for CT Angiography of the brain.

Cardiology Disapproval 70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST Radiology Services Denied Not Medically Necessary Yes, this is a request for CT Angiography of the Neck.

Cardiology Disapproval 71250 CT CHEST, THORAX Radiology Services Denied Not Medically Necessary Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT

Cardiology Disapproval 71250 CT CHEST, THORAX Radiology Services Denied Not Medically Necessary Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT

Cardiology Disapproval 71250 CT CHEST, THORAX Radiology Services Denied Not Medically Necessary Chest pain describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema); Yes this is a request for a Diagnostic CT

Cardiology Disapproval 71250 CT CHEST, THORAX Radiology Services Denied Not Medically Necessary HX OF LUNG NODULES, HX OF FATIGUE, HX OF HEART FAILURE, HX OF ANGINA.; This study is being ordered for Inflammatory/ Infectious Disease.; 11/20/2017; There has been treatment or conservative therapy.; CHEST PAIN, SOB AND FATIGUE; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Cardiology Disapproval 71250 CT CHEST, THORAX Radiology Services Denied Not Medically Necessary unknown; This study is being ordered for Vascular Disease.; 6/2017; It is not known if there has been any treatment or conservative therapy.; chest pain, shortness of breath, fatigue; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Approval Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>Disapproval</td>
<td>This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a CT Angiography.</td>
</tr>
<tr>
<td>72131 CT LUMBAR SPINE, LOW BACK</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>Disapproval</td>
<td>This is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>Disapproval</td>
<td>This is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>Disapproval</td>
<td>This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>Disapproval</td>
<td>This is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>Disapproval</td>
<td>This is a request for a MR Angiogram of the abdomen.</td>
</tr>
</tbody>
</table>
This is a request for a heart or cardiac MRI

This is a request for a CT scan for evaluation of coronary calcification.

This is a request for a Heart CT.

CHEST PAIN AND SHORTNESS OF BREATH; This is a request for CTA Coronary Arteries.; The patient has had a stress echocardiogram; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. It is not known if patient has any conditions like diabetes, age over 50 etc.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; Angina/Chest Pain, Quality: pressure, Context: exertional; at rest, Associated Symptoms: palpitations, Shortness of Breath upon Exertion; Yes, there is Chronic Chest Pain. This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease

This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; Normal stress test with continued chest pain.

This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for being evaluated prior to a noncardiac surgical procedure.; MULTIPLE CORONARY DISEASE RISK FACTORS, CHANGES ON EKG, EJECTION FRACTION OF 45%, HAVING HIP SURY AND NEEDS THIS PRIOR TO THE SURGERY

This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for known coronary disease.; Patient with complaint of chest pain, exertional and nonexertional. Patient has elevated blood pressure, hyperlipidemia, and a known 40% LAD lesion found on previous CTA coronaries June 2014. Patient has a BMI of 34, intolerant of statins, family history

This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; Normal stress test with continued chest pain.
<table>
<thead>
<tr>
<th>Code</th>
<th>Service Description</th>
<th>Radiology Services Denied</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>75635</td>
<td>CTA AA&amp;BIB</td>
<td>Not Medically Necessary</td>
<td>Cardiology Disapproval</td>
</tr>
<tr>
<td>75635</td>
<td>ILIOMF LXR RS&amp;C/C+ POST-PRESSING</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
</tr>
<tr>
<td>75635</td>
<td>CTA AA&amp;BIB</td>
<td>Not Medically Necessary</td>
<td>Cardiology Disapproval</td>
</tr>
<tr>
<td>78451</td>
<td>Myocardial perfusion imaging, tomographic (SPECT); single study</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
</tr>
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<td>78451</td>
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<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
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</tbody>
</table>

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 10/14/2016; There has not been any treatment or conservative therapy; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 10/14/2016; There has not been any treatment or conservative therapy; Yes, this is a request for CT Angiography of the abdominal arteries. 5

The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if there are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease. 1

The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29 1

The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 1

The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 1
<table>
<thead>
<tr>
<th>Code</th>
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<tbody>
<tr>
<td>78451</td>
<td>Myocardial perfusion imaging, tomographic (SPECT); single study</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
</tr>
<tr>
<td>Cardiology Disapproval</td>
<td>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms; The study is requested for congestive heart failure; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent; The member has known or suspected coronary artery disease; The BMI is not known. 1</td>
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</tr>
<tr>
<td>Cardiology Disapproval</td>
<td>This study is being ordered for a neurological disorder; ABOUT 12 YEARS; There has not been any treatment or conservative therapy; PALPITATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1</td>
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<td>Cardiology Disapproval</td>
<td>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; Enter date of initial onset here - or Type In Unknown if No Info Given &gt; There has not been any treatment or conservative therapy; CHEST PAIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1</td>
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This study is being ordered for Vascular Disease; 8/19/17; There has not been any treatment or conservative therapy; chest pain and shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent; The member has known or suspected coronary artery disease

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<td>58 y.o. male female with h/o DM, HTN, and CHF. Diagnosed with CHF last month. Associated with DOE. Moderate. Progressive. Had echo at some point but results are unclear. Also c/o chest pain that appears to be nonexertion, pt is diabetic; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).;</td>
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Cardiology - RFV: The patient is being seen for a routine clinic follow-up. Reason for visit: cardiomyopathy, coronary artery disease, congestive heart failure and hypertension. &kxd; &kxd; History of Present Illness&kxd; &kxd; 63 YO presented to MUH with new onset HF, u; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29

Carrie L Jordan is a 45 y.o. female who presents today as a new patient, referred by Dr. James Gardner for CHF. Pertinent history includes: HTN. Other past medical history is noted below. Complains of chest pressure over last 3-4 weeks. Also noticed exert; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Complains of chest pressure over last 3-4 weeks; It is not known if there has been any treatment or conservative therapy.; chest pressure, shortness of breath on exertion, bilateral pedal edema, essential hypertension; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

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Chest pain radiating to the neck and left arm since last month. Exertional dyspnea&kxd; Coronary artery disease, 40% LAD stenosis 12/2016&kxd; Hypertension&kxd; Diabetes; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39
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<td>Chest pain; heart murmur; family history; Hyperlipidemia and elevated triglycerides; high risk for CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39</td>
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<td>Chest pain; Palpitations; Fatigue; and Shortness of Breath; He has been having central chest pain, Sharp pain starts on the left side and then radiates to the middle of the chest, starts of a sharp pain then changes to aching pain lasts for few minu; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29</td>
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Coronary artery disease involving native coronary artery of native heart without angina pectoris; Essential hypertension; Hyperlipidemia with target LDL less than 70; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; Karen Seigrist is a 64 y.o. female who presents for follow up. Pertinent history includes: CAD, HTN, HL. Other past medical history is noted below. Had an episode of chest pain about 2 weeks ago, resolved with SL NTG. Felt tired for couple of day and ever; hydroCHLORothiazide (MICROZIDE) 12.5 mg capsule TAKE 2 CAPSULES BY MOUTH EVERY DAY; fenofibrate (LOFIBRA) 160 mg Tablet Take 1 Tablet (160 mg) by mouth daily; HYDROcodone‐acetaminophen (NORCO) 10‐325 mg Tablet Take 1 Tablet by mouth every 4 hours as need; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

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78451 Myocardial perfusion imaging, tomographic (SPECT); single study
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For the past 6 months she c/o substernal pain. Pressure. Moderate. Lasts 5-10 minutes. Associated with SOB. Worse with exertion. Stable since onset. Pt has back problems; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39

Having angina, left precordial, last few weeks, with exercise, radiating left arm, with fatigue, and feet and hands cold „dyspnea daily activities. Patient cannot walk on a treadmill and also has an abnormal ekg.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39

He had a CT scan in June that showed microhemorrhages and atrophy of the brain. &RxD; He has also been diagnosed with a chronic demyelinating disease; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39

L arm pain, diabetes mellitus, hypertension, severely elevated triglycerides, positive family history, abnormal ekg; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29

Mr Rogers is a 61 year old male referred for palpitations. It feels like his heart is racing. This started about a month ago. It does not happen every night. He does not notice it during the day. It has gotten better since starting Hydroxyzine. It lasts a; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39
Mr. Bradford comes in for follow up last seen October 2016. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study). The patient has not had other testing done to evaluate new or changing symptoms. The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders. There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath. There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent. The member has known or suspected coronary artery disease. The BMI is 30 to 39


HISTORY OF PRESENT ILLNESS: Ms. Emerson had 5 minutes of chest pain. It was relatively typical anginal chest pain. There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent. The member has known or suspected coronary artery disease. The BMI is 20 to 29

None; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study). The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders. There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath. The study is requested for congestive heart failure. There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath. The study is requested for suspected coronary artery disease. The member has known or suspected coronary artery disease. The BMI is 20 to 29

None; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study). The patient has not had other testing done to evaluate new or changing symptoms. The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders. There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath. The study is requested for suspected coronary artery disease. The member has known or suspected coronary artery disease. The BMI is 30 to 39

None; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study). The patient has not had other testing done to evaluate new or changing symptoms. The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders. There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath. There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent. The member has known or suspected coronary artery disease. The BMI is 20 to 29
Myocardial perfusion imaging, tomographic (SPECT); single study

Cardiology Disapproval

Radiology Services Denied
Not Medically Necessary

PAST HISTORY

Past Medical Illnesses: venous insufficiency, HTN, CP, ABN EKG; Cardiovascular Illnesses: ABN EKG, HTN, CP; Infectious Diseases: no history of infectious diseases; Surgical Procedures: fem-pop bypass, vein stripping.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/17/2017; There has not been any medical treatment or conservative therapy.; Pt has CP, HTN, dyspnea on exertion and first degree AV block from EKG; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Patient cannot exercise due to dyspnea. Patient’s insurance does not authorize myocardial perfusion imaging study using pharmacological stimulation. We are obtaining a two-dimensional echocardiographic Doppler study and it quality of acoustic window then; This is a request for Myocardial Perfusion Imaging [Nuclear Cardiology Study]. Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.

PATIENT HAS BEEN HAVING INCREASING CHEST PAIN AND SHORTNESS OF BREATH; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/17/2017; There has not been any medical treatment or conservative therapy.; INCREASING CHEST PAIN AND SHORTNESS OF BREATH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Patient has history of hypertension, hyperlipidemia. 10 year CV risk assessment score is significantly high at 25%. Presents with complaints of dyspnea on exertion-possible anginal equivalent.; This study is being ordered for Vascular Disease.; Patient has history of hypertension, hyperlipidemia. 10 year CV risk assessment score is significantly high at 25%. Present on 11/13/2017 for new patient evaluation with complaints of dyspnea on exertion-possible anginal equivalent.; It is not known if there has been any treatment or conservative therapy.; Dyspnea on exertion&x003B; Angina equivalent; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Patient is having cad/angina, htn, hyperlipidemia, HTN, she is eight years out from intervention.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29

Patient to be evaluated for suspected coronary artery disease due to chest pain associated with dyspnea on exertion and valvular heart disease due to edema and cardiac murmur.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient seen by cardiology with complaint of chest pain, dyspnea on exertion, hyperlipidemia, edema, and cardiac murmur. EKG showed normal sinus rhythm with some lateral ST changes and possible old anteroseptal infarct. Patient has decreased exercise tol; There has not been any treatment or conservative therapy.; chest pain, palpitations, cardiac murmur, edema, hyperlipidemia, dyspnea, nicotine dependence; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Patient with chest pain, dyspnea on exertion.&#x0D; Risk factors include hypertension, hyperlipidemia, tobacco use 40+ years, strong family history of CAD, father and uncles history of MI;&#x0D; ECG shows non-specific repolarization abnormalities at baseline.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient reports intermittent chest pain and dyspnea on exertion, onset 4-5 months ago; There has not been any treatment or conservative therapy.; Angina Dypnea on exertion; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Patient with Exertional chest pain that radiates to the neck and arm is relieved with rest. Family history of CAD with heart attack in brother and father. Also has complaint of palpitations and edema.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39

Pressure like chest pain 2 weeks ago. Exertional dyspnea.&#x0D; Electrocardiogram abnormal;&#x0D; Obesity;&#x0D; Tobacco use; Shortness of breath; Angina; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39
Pressure like chest pain and exertional dyspnea for 4-6 weeks. Family History: Father: CAD, CABG, ICD, CHF & hxD; # Angina (120.9); # Hypertension (I10); # Shortness of breath (R06.0); # Tobacco use (Z72.0); This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29

Problem List/Impression: 1. Chest pain R07.9; Plan : Nuclear stress test to evaluate for ischemia & hxD; 2. Shortness of breath R06.02 & hxD; Plan : 2D Echo to evaluate LV function and for valvular abnormalities & hxD; 3. Palpitations R00.2 & hxD; Plan : ECG ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29

pt had fall, l arm apin, cp, dizziness, hx of stomach tumor, spinal sx, do non walking & hxD; lexiscan stress test; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39

Pt has been having problems lately with DOE and tachycardia on exertion, has a history of post op afib but is now off the amiodarone. He doesn't know if this is atrial fibrillation or now. It is relieved with rest. When; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29

pt has had some indigestion like cp, no arm or neck pain, cp is variable duration, no n/v, unpredictable, hx of ablation. Cardiology: chest pain. Respiratory: shortness of bre; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.
pt has syncope and cannot get on a treadmill; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study). The patient has not had other testing done to evaluate new or changing symptoms; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath; The study is requested for suspected coronary artery disease; The member has known or suspected coronary artery disease; The BMI is 20 to 29

Pt needs test to obtain clearance from DOT for his job; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent; The member has known or suspected coronary artery disease.

R/O CAD; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; Enter date of initial onset here - or Type In Unknown If No Info Given &gt; There has not been any treatment or conservative therapy; Chest pain, and SOB; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

r/o CAD; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; few weeks ago; progressively getting worse; There has not been any treatment or conservative therapy; chest pain and shortness of breath progressively getting worse over the last few weeks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

r/o CAD; This study is being ordered for Vascular Disease; 10/09/2017; There has not been any treatment or conservative therapy; shortness of breath, chest pain with activity; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
Cardiology Disapproval  

78451 Myocardial perfusion imaging, tomographic (SPECT); single study  
Radiology Services Denied Not Medically Necessary

Reason for Appointment 
1. NSVT  
2. History of Present Illness  
3. HPI:  
Ms. Skinner is a 63 yo WF with a hx of AF/AFI, ICD (DOI 6/8/15) and HTN who presents for follow up with NSVT noted on device check. C/o angina, palpitations, dizziness a; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39  

See previous.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.

See previous; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39 

stent; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.

submaximal exercise stress; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.
Supraventricular Tachycardia & Dizziness; Cerebral Infarction Due To Thrombosis Of Unspecified Precerebral Artery; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.

CARDIOLOGY Disapproval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study Radiology Services Denied Not Medically Necessary SYNCOPE, CHEST PAINS, SOB, PALPS, DIZZINESS, FATIGUE.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PT HAS SYNCOPE, WITH CHEST PAINS, SHORTNESS OF BREATH, FATIGUE, PALPS AND DIZZINESS; There has not been any treatment or conservative therapy.; One of the studies being ordered is NOT A Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

CARDIOLOGY Disapproval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study Radiology Services Denied Not Medically Necessary The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have diabetes.; This is NOT a Medicare member.; The patient is 65 or older.

CARDIOLOGY Disapproval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study Radiology Services Denied Not Medically Necessary The patient presents the cardiology office for evaluation regarding intermittent episodes of chest pain characterized as tightness in nature with radiation to her bilateral arms over the past several months. The patient has a known history of COPD/respir; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29.

CARDIOLOGY Disapproval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study Radiology Services Denied Not Medically Necessary The Pt had spell where he coded 6 months ago, now has syncope, hypertension, dyspnea on exertion, high blood pressure. Pt ahs history of renal failure. Pt states feels like heart is going to pound out of chest.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know.

CARDIOLOGY Disapproval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study Radiology Services Denied Not Medically Necessary This is a 62 -year-old gentleman with history of coronary artery disease, previous percutaneous transluminal coronary angioplasty stent to the right coronary artery, 20% circumflex lesion, hypertension, hyperlipidemia who returns to clinic with complaint.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29.
This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has not had other testing done to evaluate new or changing symptoms; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent; The member has known or suspected coronary artery disease; The BMI is 40 or greater

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders; It is not known if the member has known or suspected coronary artery disease.

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders; It is not known if the study is requested for suspected or known coronary artery disease; The member has known or suspected coronary artery disease.

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders; The member does not have known or suspected coronary artery disease.

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for evaluation of the heart prior to non cardiac surgery.

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for known or suspected cardiac septal defect.

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for known or suspected coronary artery disease.

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders; The study is requested for suspected coronary artery disease; The member has known or suspected coronary artery disease; The BMI is 30 to 39

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders; The study is requested for suspected coronary artery disease; The member has known or suspected coronary artery disease; The BMI is 30 to 39

Type 2 diabetes mellitus without complications; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders; The study is requested for suspected coronary artery disease; The member has known or suspected coronary artery disease; The BMI is 30 to 39

unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
Unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders; The study is requested for suspected coronary artery disease; The member has known or suspected coronary artery disease; The BMI is 20 to 29 unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 09/13/2017; There has not been any treatment or conservative therapy; patient is having chest pain and shortness of breath on exertion, dizziness, fatigue and chest pain weak patient up during the night; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Unknown; This study is being ordered for Vascular Disease; 6/2017; It is not known if there has been any treatment or conservative therapy; chest pain, shortness of breath, fatigue; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Unknown; This study is being ordered for Vascular Disease; unknown; There has not been any treatment or conservative therapy; chest pain, shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

will FAX xclinical; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders; The study is requested for suspected coronary artery disease; This study is being ordered for Congestive Heart Failure; The patient has been diagnosed with and/or treated for congestive heart failure; The patient has not had a previous MUGA scan; The patient is not presenting any new cardiac signs or symptoms; currently in cardiac rehab and progressing at an expected pace. He is still having some pleuritic type pain but no typical anginal type CP. His SOB / DOE has improved.

This is a request for a MUGA scan; This study is being ordered for Known Cardiomyopathy/ Myocarditis; There are EKG findings consistent with cardiomyopathy or myocarditis;

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder; ABOUT 12 YEARS; There has not been any treatment or conservative therapy; PALPITATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
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<th>Cardiology</th>
<th>Disapproval</th>
<th>93307 TTHRC R-T IMG 2D</th>
<th>Radiology Services Denied</th>
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*Italic text:* Enter answer here - or Type In Unknown If No Info Given.

- This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.
- Enter date of initial onset here - or Type In Unknown If No Info Given.
- There has not been any treatment or conservative therapy.
- One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
- The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

- Chest Pain, shortness of breath;
- One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
- The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

- 10/5/2017; There has not been any treatment or conservative therapy.
- There has been treatment or conservative therapy.
- One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
- The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

- One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
- The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

- One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
- The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; about a week ago; There has not been any treatment or conservative therapy.; patient is having burning in chest, shortness of breath on extrusion , hypertension , patient has a heart murmur , a seizure disorder , unable to walk with out being short of breath , Hyperlipidemia , and syncope; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for Vascular Disease.; 8/19/17; There has not been any treatment or conservative therapy.; chest pain and shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; chest pain and shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

abnormal ekg revealing accelerated junctional rhythm rate 93; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; chest pain and shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
Carrie L Jordan is a 45 y.o. female who presents today as a new patient, referred by Dr. James Gardner for CHF. Pertinent history includes: HTN. Other past medical history is noted below. Complains of chest pressure over last 3-4 weeks. Also noticed exert; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Complains of chest pressure over last 3-4 weeks; It is not known if there has been any treatment or conservative therapy.; chest pressure, shortness of breath on exertion, bilateral pedal edema, essential hypertension; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Karen Seigrist is a 64 y.o. female who presents for follow up. Pertinent history includes: CAD, HTN, HL. Other past medical history is noted below. Had an episode of chest pain about 2 weeks ago, resolved with SL NTG. Felt tired for couple of day and ever; hydroCHLORothiazide (MICROZIDE) 12.5 mg capsule TAKE 2 CAPSULES BY MOUTH EVERY DAY; fenofibrate (LOFIBRA) 160 mg Tablet Take 1 Tablet (160 mg) by mouth daily; HYDROcodone-acetaminophen (NORCO) 10-325 mg Tablet Take 1 Tablet by mouth every 4 hours as need; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

PATIENT HAS BEEN HAVING INCREASING CHEST PAIN AND SHORTNESS OF BREATH; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; INCREASING CHEST PAIN AND SHORTNESS OF BREATH; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Patient has history of hypertension, hyperlipidemia. 10 year CV risk assessment score is significantly high at 25%. Presents with complaints of dyspnea on exertion-possible anginal equivalent; This study is being ordered for Vascular Disease; Patient has history of hypertension, hyperlipidemia. 10 year CV risk assessment score is significantly high at 25. Present on 11/13/2017 for new patient evaluation with complaints of dyspnea on exertion-possible anginal equivalent; It is not known if there has been any treatment or conservative therapy; Dyspnea on exertion & Angina equivalent; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBC, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Patient to be evaluated for suspected coronary artery disease due to chest pain associated with dyspnea on exertion and valvular heart disease due to edema and cardiac murmur; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; patient seen by cardiology with complaint of chest pain, dyspnea on exertion, hyperlipidemia, edema, and cardiac murmur. EKG showed normal sinus rhythm with some lateral ST changes and possible old anteroseptal infarct. Patient has decreased exercise tol; There has not been any treatment or conservative therapy; chest pain, palpitations, cardiac murmur, edema, hyperlipidemia, dyspnea, nicotine dependence; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Patient with chest pain, dyspnea on exertion. Risk factors include hypertension, hyperlipidemia, tobacco user 40+ years, strong family history of CAD, father and uncles history of MI; ECG shows non-specific repolarization abnormalities at baseline; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; Patient reports intermittent chest pain and dyspnea on exertion, onset 4-5 months ago; There has not been any treatment or conservative therapy; Angina; Dyspnea on exertion; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

r/o CAD; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; few weeks ago; progressively getting worse; There has not been any treatment or conservative therapy; chest pain and shortness of breath progressively getting worse over the last few weeks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Cardiology Disapproval  
93307 TTHRC R-T IMG 2D +M-MODE REC COMPL  
Radiology Services Denied Not Medically Necessary  
r/o CAD; This study is being ordered for Vascular Disease.; 10/09/2017; There has not been any treatment or conservative therapy.; shortness of breath, chest pain with activity; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology  
remarkable htn; lose of consciousness; referred to cardiologist for further asst; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/14/2017; There has not been any treatment or conservative therapy.; chest pressure; htn; hypothyroidism; dizziness; hyperlipidemia; syncope; leg edema; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology  
Shortness of breath, dizziness, severe fatigue.; This study is being ordered for Vascular Disease.; 8/22/2017; There has been treatment or conservative therapy.; Shortness of breath, extreme dizziness, headaches, severe fatigue; Tried Medicine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology  
This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.  
This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.  
This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure. This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.  
This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.
This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Arrhythmias.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram. There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient’s cardiac symptoms.

unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
<table>
<thead>
<tr>
<th>Specialty</th>
<th>Approval/Disapproval</th>
<th>Code/Details</th>
<th>Reason for Denial</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>Cardiology</td>
<td>Disapproval</td>
<td>93307 TTHRC R-T IMG 2D + M-MODE REC COMPL</td>
<td>Radiology Services Denied</td>
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<td>Not Medically Necessary</td>
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<td>Unknown; This study is being ordered for something other than: known trauma or</td>
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<td>injury, metastatic disease, a neurological disorder, inflammatory or infectious</td>
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<td>disease, congenital anomaly, or vascular disease.; 09/13/2017; There has not</td>
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<td>been any treatment or conservative therapy.; patient is having chest pain and</td>
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<td>shortness of breath on exertion, dizziness, fatigue and chest pain weak patient</td>
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<td>up during the night; One of the studies being ordered is NOT a Breast MRI, CT</td>
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<td>Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty</td>
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<td>is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or</td>
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<td>Radiation Oncology</td>
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<td>We will do a stress echo full study to further evaluate his symptoms.; This</td>
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<td>study is being ordered for something other than: known trauma or injury,</td>
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<td>metastatic disease, a neurological disorder, inflammatory or infectious disease,</td>
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<td>congenital anomaly, or vascular disease.; UNKNOWN; It is not known if there has</td>
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<td>been any treatment or conservative therapy.; Shortness of breath.&lt;#x0D; Chest</td>
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<td>pressure.&lt;#x0D; Fatigue.&lt;#x0D; Abnormal EKG.; One of the studies being</td>
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<td>ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted</td>
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<td>CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic</td>
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<td>Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>Follow up evaluation after PCI; This is a request for a Stress Echocardiogram.;</td>
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<td>The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology</td>
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<td>(SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last</td>
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<td>2 years.; The patient is not experiencing new or changing cardiac symptoms.; The</td>
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<td>member has known or suspected coronary artery disease.</td>
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<td>We will do a stress echo full study to further evaluate his symptoms.; This</td>
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<td>study is being ordered for something other than: known trauma or injury,</td>
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<td>been any treatment or conservative therapy.; Shortness of breath.&lt;#x0D; Chest</td>
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<td>pressure.&lt;#x0D; Fatigue.&lt;#x0D; Abnormal EKG.; One of the studies being</td>
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<td>CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic</td>
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<td>Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<tr>
<td>Chiropractic</td>
<td>Approval</td>
<td>70540 MRI ORBIT/FACE/NECK W/O DYE</td>
<td>This is a request for orbit, face, or neck soft tissue MRI. 239.8.; The study</td>
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<td>is ordered for trauma or injury of the orbit, face or neck soft tissue</td>
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</tbody>
</table>
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.

72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT.

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

This is a request for cervical spine MRI; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; Unknown.

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Neurosurgeon also requested imaging for pre-op evaluation.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/02/2017; There has been treatment or conservative therapy.; Severe neck and mid back pain with radiating pain down his left arm. Limited range of motion; Chiropractic care, physical therapy, medication management.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Reason: OSTEOARTHRITIS OF SPINE WITH RADICULOPATHY, CERVICAL REGION &#x0D;
Determine cause of pain and symptoms; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in left hand,narrowing of severe C5 C6, DISC SPACE NARROWING AND FORAMINAL NARROWING.ACTIVE ROM-DESCRIPTION: ACTIVE PAINFUL RANGE OF MOTION.&#x0D; Duration of Symptoms: Start: 07/26/2017 &amp;#x0D;&amp;#x0D; Physical Exam Findings: Left neck. Occurs frequently. Pain lev; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.
This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrates neurological deficits.; No, there is not a documented evidence of recent development of unilateral muscle wasting.

This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, Infection or abscess; Yes, the patient has new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.; Yes, there are documented clinical findings of Multiple sclerosis.

This is a request for cervical spine MRI; Neurological deficits; Has sluggish reflex in right side. reflex is 1+; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness.; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing or presenting new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, this patient had a recent course of supervised physical therapy.

This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient has a recent course of supervised physical therapy.

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical therapy.

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Pt suffers with back pain.

One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
<table>
<thead>
<tr>
<th>Chiropractic Medicine</th>
<th>Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks. Neurosurgeon also requested imaging for pre-op evaluation.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/02/2017; There has been treatment or conservative therapy.; Severe neck and mid back pain with radiating pain down his left arm. Limited range of motion; Chiropractic care, physical therapy, medication management.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology. 1</td>
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<tr>
<td>72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST</td>
<td>This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?</td>
</tr>
<tr>
<td>72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST</td>
<td>This is a request for a thoracic spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.</td>
</tr>
<tr>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above</td>
</tr>
<tr>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.</td>
</tr>
<tr>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.</td>
</tr>
<tr>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient does not have new or changing neurologic signs or symptoms.; The patient has none of the above.</td>
</tr>
</tbody>
</table>
Chiropractic Medicine Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has not Had back pain for over 4 weeks. 1

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality 1

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks 1

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s) 8

72192 CT PELVIS WITHOUT CONTRAST

The requested study is a Pelvis CT.; It is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT 1

73221 MRI JOINT OF UPPER EXTREMITY

This is a request for an Upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint. 1

73221 MRI JOINT OF UPPER EXTREMITY

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion. 3

73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT

This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; There is no suspected meniscus, pre-op or post-op evaluation, non-acute Chronic Pain, suspected tumor or Aseptic Necrosis.; There is no symptom of locking, Instability, Swelling, Redness, Limited range of motion or pain. 1

73720 MRI LEG OR LOWER EXTREMITY,

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury 1
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td>This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Limited range of motion; Yes, the member experience a painful popping, snapping, or giving away of the knee.</td>
<td>Approval</td>
</tr>
<tr>
<td>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td>This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Locking; Yes, the member experience a painful popping, snapping, or giving away of the knee.</td>
<td>Approval</td>
</tr>
<tr>
<td>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td>This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy; Yes, the member experience a painful popping, snapping, or giving away of the knee.</td>
<td>Approval</td>
</tr>
<tr>
<td>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td>This is a request for an Ankle MRI.; &quot;There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.&quot;; There is not a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.</td>
<td>Approval</td>
</tr>
<tr>
<td>73721 MRI JOINT OF LOWER EXTREMITY, HIP OR ANKLE OR FOOT JOINT</td>
<td>This is a request for a hip MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; The hip pain is due to a recent injury.; The request is for hip pain.</td>
<td>Approval</td>
</tr>
<tr>
<td>73721 MRI JOINT OF LOWER EXTREMITY, HIP OR ANKLE OR FOOT JOINT</td>
<td>This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; &quot;There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.&quot;; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.</td>
<td>Approval</td>
</tr>
<tr>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>This patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT unknown; This study is being ordered for a neurological disorder.; 08/2017; There has been treatment or conservative therapy.; left side head pain, eye pain, dizziness, headaches; CHIROPRACTIC; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBC, MRS, PET Scan, or Unlisted CT/MRI.</td>
<td>Approval</td>
</tr>
<tr>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>Disapproval</td>
</tr>
<tr>
<td>72141 MRI CERVICAL CONTRAST</td>
<td>Radiation Services Denied Not Medically Necessary</td>
<td>Disapproval</td>
</tr>
<tr>
<td>72141 MRI CERVICAL WITHOUT CONTRAST</td>
<td>Radiation Services Denied Not Medically Necessary</td>
<td>Disapproval</td>
</tr>
<tr>
<td>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
<td>Radiation Services Denied Not Medically Necessary</td>
<td>Disapproval</td>
</tr>
<tr>
<td>Service Code</td>
<td>Service Description</td>
<td>Approved/Disapproved</td>
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<tr>
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<tr>
<td>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
</tr>
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<td>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
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<td>Not Medically Necessary</td>
</tr>
<tr>
<td>72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
</tr>
<tr>
<td>Specialty</td>
<td>Approval/Disapproval</td>
<td>Code</td>
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<tr>
<td><strong>Chiropractic Medicine</strong></td>
<td>Disapproval</td>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
</tr>
<tr>
<td><strong>Chiropractic Medicine</strong></td>
<td>Disapproval</td>
<td>72196 MRI PELVIS</td>
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<tr>
<td><strong>Chiropractic Medicine</strong></td>
<td>Disapproval</td>
<td>73221 MRI JOINT OF UPPER EXTREMITY</td>
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<td><strong>Colon &amp; Rectal Surgery</strong></td>
<td>Approval</td>
<td>71250 CT CHEST, THORAX</td>
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<tr>
<td><strong>Colon &amp; Rectal Surgery</strong></td>
<td>Approval</td>
<td>71250 CT CHEST, THORAX</td>
</tr>
<tr>
<td><strong>Colon &amp; Rectal Surgery</strong></td>
<td>Approval</td>
<td>71250 CT CHEST, THORAX</td>
</tr>
<tr>
<td><strong>Colon &amp; Rectal Surgery</strong></td>
<td>Approval</td>
<td>72196 MRI PELVIS</td>
</tr>
<tr>
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<td>72196 MRI PELVIS</td>
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<tr>
<td>Colon &amp; Rectal Surgery</td>
<td>Approval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
</tr>
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<td>Approval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
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<tr>
<td>Colon &amp; Rectal Surgery</td>
<td>Approval</td>
<td>74181 MRI ABDOMEN</td>
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<tr>
<td>Colon &amp; Rectal Surgery</td>
<td>Approval</td>
<td>74181 MRI ABDOMEN 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY</td>
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<td>Specialty</td>
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<td>Code/Description</td>
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<tr>
<td>Colon &amp; Rectal Surgery</td>
<td>Disapproval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
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<td>Disapproval</td>
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<td>Disapproval</td>
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<tr>
<td>Dermatology</td>
<td>Approval</td>
<td>70450 CT BRAIN, HEAD</td>
</tr>
<tr>
<td>Dermatology</td>
<td>Approval</td>
<td>70490 CT NECK SOFT TISSUES,LARYNX,THYROID ETC. NO CONTRAST</td>
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<tr>
<td>Dermatology</td>
<td>Approval</td>
<td>71250 CT CHEST, THORAX</td>
</tr>
<tr>
<td>Doctors and Rehabilitation</td>
<td>Approval</td>
<td>70450 CT BRAIN, HEAD</td>
</tr>
<tr>
<td>Doctors and Rehabilitation</td>
<td>Approval</td>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
</tr>
</tbody>
</table>
Axial neck pain consistent with internal disc disruption at C6-7 versus C5-6 versus C4-5 versus bilateral facet joint arthrosis at C6-7 versus C5-6. At this time I feel it is prudent to move forward with cervical discography C3 through C7 to identify pain; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.  
It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT 
This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT 
This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is to be part of a myelogram or discogram.; Yes this is a request for a Diagnostic CT 
This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT 

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 11/2017; There has been treatment or conservative therapy.; Back spasms Chronic neck &amp; back pain Tenderness pn left side Numbness Tingling Weakness PT Diclofenac Gabapentin Norco Baclofen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 
This is a request for a lumbar spine CT.; The patient has not had a history of severe back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.
This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 6 months; There has been treatment or conservative therapy; chronic pain, numbness in hands, sleep disturbance, decrease strength and flexibility; medication therapy, chiropractic care, steroid injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for a neurological disorder; There has been treatment or conservative therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; There has been treatment or conservative therapy; neck and back pain; pain medication, NSAIDs, muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; gradually over time; There has been treatment or conservative therapy; neck and back pain; pain medication, NSAID's, P.T. And C-RFA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; gradually over time; There has been treatment or conservative therapy; neck and back pain; pain medication, NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; gradually over time; There has been treatment or conservative therapy; neck and back pain; pain medication, NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
Given the severity of the patient's pain and functional limitation, in preparation for interventions and no relief with conservative measures as outlined above I would recommend advanced imaging of the cervical and thoracic spine with an MRI.; This study is being ordered for a neurological disorder.; Many years neck and mid back pain with numbness and tingling in both hands.; Physical therapy, home exercise program and NSAIDs with unfortunately limited sustained relief.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Given the severity of the patient's pain and functional limitation, in preparation for interventions and no relief with conservative measures as outlined above I would recommend advanced imaging of the cervical and thoracic spine with an MRI.; This study is being ordered for a neurological disorder.; Many years neck and mid back pain with numbness and tingling in both hands.; Physical therapy, home exercise program and NSAIDs with unfortunately limited sustained relief.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

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Given the severity of the patient's pain and functional limitation, in preparation for interventions and no relief with conservative measures as outlined above I would recommend advanced imaging of the cervical and thoracic spine with an MRI.; This study is being ordered for a neurological disorder.; Many years neck and mid back pain with numbness and tingling in both hands.; Physical therapy, home exercise program and NSAIDs with unfortunately limited sustained relief.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Given the severity of the patient's pain and functional limitation, in preparation for interventions and no relief with conservative measures as outlined above I would recommend advanced imaging of the cervical and thoracic spine with an MRI.; This study is being ordered for a neurological disorder.; Many years neck and mid back pain with numbness and tingling in both hands.; Physical therapy, home exercise program and NSAIDs with unfortunately limited sustained relief.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Given the severity of the patient's pain and functional limitation, in preparation for interventions and no relief with conservative measures as outlined above I would recommend advanced imaging of the cervical and thoracic spine with an MRI.; This study is being ordered for a neurological disorder.; Many years neck and mid back pain with numbness and tingling in both hands.; Physical therapy, home exercise program and NSAIDs with unfortunately limited sustained relief.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; Surgical consult; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; April 2011; There has been treatment or conservative therapy.; Chronic pain increasing pain; Spinal injections medication management physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurologic deficits.; Yes, there is a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; Yes, there is a documented evidence of extremity weakness on physical examination.

This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.
| Doctors and Rehabilitation Approval | 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST | This is a request for cervical spine MRI; None of the above; &lt;Enter Additional Clinical Information&gt;; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture. | 1 |
| Doctors and Rehabilitation Approval | 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST | This is a request for cervical spine MRI; Pre-Operative Evaluation; No, the last Cervical spine MRI was not performed within the past two weeks. | 2 |
| Doctors and Rehabilitation Approval | 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST | This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy. | 7 |
| Doctors and Rehabilitation Approval | 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST | This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy. | 30 |
| Doctors and Rehabilitation Approval | 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST | This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy. | 2 |
| Doctors and Rehabilitation Approval | 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. | 1 |
| Doctors and Rehabilitation Approval | 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST | Given the severity of the patient’s pain and functional limitation, in preparation for interventions and no relief with conservative measures as outlined above I would recommend advanced imaging of the cervical and thoracic spine with an MRI.; This study is being ordered for a neurological disorder.; Unknown, many years; There has been treatment or conservative therapy.; Many years neck and mid back pain with numbness and tingling in both hands.; Physical therapy, home exercise program and NSAIDs with unfortunately limited sustained relief.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 |
| Doctors and Rehabilitation Approval | 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST | It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling. | 3 |
| Doctors and Rehabilitation Approval | 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST | The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease. | 8 |
| Doctors and Rehabilitation Approval | 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST | There are documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits. 
This is a request for a thoracic spine MRI.; "The caller indicated that there is not a known condition of: Tumor, Infection or Neurological deficits.;" The study is being ordered due to pre-operative evaluation.; Continued thoracic pain in spite of conservative treatment to include PT, home exercise, NSAIDs, neuropatic agents and prior surgery. |
| Doctors and Rehabilitation Approval | 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST | 
| Doctors and Rehabilitation Approval | 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST | This study is being ordered for: a neurological disorder.; 11/2017; There has been treatment or conservative therapy.; Back spasms Chronic neck &amp; back pain Tenderness pn left side Numbness Tingling Weakness; PT Diclofenac Gabapentin Norco Baclofen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology. |
| Doctors and Rehabilitation Approval | 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST | 
| Doctors and Rehabilitation Approval | 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST | One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology. |
| Doctors and Rehabilitation Approval | 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST | 
| Doctors and Rehabilitation Approval | 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST | 
| Doctors and Rehabilitation Approval | 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST | 
| Doctors and Rehabilitation Approval | 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST |
; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs, muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAID's, P.T. And C-RFA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; neck and back pain; pain medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medications, NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medications, NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medications, NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medications, NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; April 2011; There has been treatment or conservative therapy.; Chronic pain increasing pain; Spinal injections medication management physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection.
<table>
<thead>
<tr>
<th>Medical Request</th>
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<tbody>
<tr>
<td><strong>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</strong></td>
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<tr>
<td>The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality. 5</td>
</tr>
<tr>
<td><strong>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</strong></td>
</tr>
<tr>
<td>The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks. 1</td>
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<tr>
<td><strong>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</strong></td>
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<tr>
<td>The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s). 4</td>
</tr>
<tr>
<td><strong>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</strong></td>
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<tr>
<td>The study requested is a Lumbar Spine MRI.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection; This study is being ordered for something other than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT. 1</td>
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<tr>
<td><strong>72192 CT PELVIS WITHOUT CONTRAST</strong></td>
</tr>
<tr>
<td>This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications. 1</td>
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<tr>
<td><strong>73221 MRI JOINT OF UPPER EXTREMITY</strong></td>
</tr>
<tr>
<td>The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist. 4</td>
</tr>
<tr>
<td><strong>73221 MRI JOINT OF UPPER EXTREMITY</strong></td>
</tr>
<tr>
<td>The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion. 3</td>
</tr>
<tr>
<td><strong>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</strong></td>
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<tr>
<td>Evaluate the mass in the foot/ankle; This study is being ordered for a neurological disorder.; 6/20/2017; There has been treatment or conservative therapy.; He does have an undetermined mass near the tendon on the dorsum of the right foot at the ankle. Right foot drop; Ibuprofen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology. 1</td>
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3. 3
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5. 5
| Doctors and Rehabilitation Approval | 73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT | This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury.  
This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Instability.  
This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.  
This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; It is not known if the member experience a painful popping, snapping, or giving away of the knee.  
This is a request for a Knee MRI.; The patient had not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications.  
This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is a study for a fracture which does not show healing (non-union fracture).  
This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.  
This study is being ordered for trauma or injury.;; There has been treatment or conservative therapy.;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBC, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.  
This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.  
This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone); The patient has a documented limitation of their range of motion.  |
This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.

This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.

This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.

Patient is having shoulder & neck pain along with numbness & tingling.; "This is a request for orbit, face, or neck soft tissue MRI.; The reason for the study is not for trauma, infection, cancer, mass, tumor, pre or post-operative evaluation.

Yes, this is a request for CT Angiography of the abdominal arteries. Patient is having shoulder & neck pain along with numbness & tingling.; "This is a request for orbit, face, or neck soft tissue MRI.; The reason for the study is not for trauma, infection, cancer, mass, tumor, pre or post-operative evaluation.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2004; There has been treatment or conservative therapy.; back pain, headaches and head injury; pain medication, NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.
<table>
<thead>
<tr>
<th>Date</th>
<th>Modified Date</th>
<th>Doctors and Rehabilitation</th>
<th>Disapproval</th>
<th>72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST</th>
<th>Radiology Services Denied</th>
<th>Not Medically Necessary</th>
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<tbody>
<tr>
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<td>CT post disography; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; “The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Disfunction, New Foot Drop, or Radiculopathy.”; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.</td>
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<tr>
<td>72131 CT LUMBAR SPINE, LOW BACK</td>
<td>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT</td>
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<td>; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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<td>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
<td>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td></td>
<td>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; neck and back pain; ibuprofen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<tr>
<td>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
<td>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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Doctors and Rehabilitation Disapproval
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; NSAIDs, Physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRI, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

1
Doctors and Rehabilitation Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; physical therapy, ibuprofen, home exercises, muscle relaxers, pain medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

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One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.
This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; neck pain&amp;x003D; Plain films C-spine flexion/extension 3/28/2017 at OA – on my review, there is evidence of fairly severe disc height loss at C5-C6 with endplate sclerosis and anterior osteophytosis in comparison to adjacent segments, and moderate upper cervical osteophytosis in comparison to adjacent segments, and moderate upper cervical osteophytosis in comparison to adjacent segments, and moderate upper cervical osteophytosis in comparison to adjacent segments, and moderate upper cervical osteophytosis in comparison to adjacent segments, and moderate upper cervical osteophytosis in comparison to adjacent segments, and moderate upper cervical osteophytosis in comparison to adjacent segments, and moderate upper cervical osteophytosis in comparison to 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This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given. &gt; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; back pain; physical therapy and medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; mid to lower back pain; NSAIDs, muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

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Doctors and Rehabilitation

Disapproval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

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; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, NSAIDs, muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 3

It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; He has radicular symptoms in the thoracic region. He has previously tried physical therapy, home exercise program, NSAIDs and chiropractic care with unfortunately limited sustained relief. He had epidural injections several years ago with excellent relief 1

It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; Mrs. McBride presents for evaluation of many years mid and low back pain. She has previously tried physical therapy, home exercise program, NSAIDs, muscle relaxants and injections with unfortunately limited sustained relief. 1

The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease. 2

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. 1
Doctors and Rehabilitation Disapproval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Radiology Services Denied Not Medically Necessary

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.;

Describe primary symptoms here - or Type In Unknown If No Info Given

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;

This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2004; There has been treatment or conservative therapy.; back pain, headaches and head injury; pain medication, NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

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This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; ibuprofen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

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This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs, epidural injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

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<td>Radiology Services Denied Not Medically Necessary</td>
<td>increased pain in lower back; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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<td>72196 MRI PELVIS</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>She has failed to find relief with conservative measures; This study is being ordered for a neurological disorder.; 02/14/2017; There has been treatment or conservative therapy.; Right groin and thigh pain with associated numbness and tingling over the anterior thigh.; Physical therapy, home exercises, injections and Lyrica; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>73221 MRI JOINT OF UPPER EXTREMITY</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.</td>
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<tr>
<td>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; gradually over time; There has been treatment or conservative therapy.; bilateral knee pain; pain medication, NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<tr>
<td>73720 MRI LEG OR LOWER EXTREMIT, OTHER THAN JOINT</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>Disapproval</td>
<td>This is a request for a Knee MRI; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 4 years ago; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; back brace; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>73721 MRI JOINT OF LOWER EXTREMIT, HIP OR KNEE OR ANKLE OR FOOT JOINT</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>Disapproval</td>
<td>extreme hip pain and giving out causing pt to fall.; This is a request for a hip MRI.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is due to an old injury.; The request is for hip pain.</td>
</tr>
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<td>73721 MRI JOINT OF LOWER EXTREMIT, HIP OR KNEE OR ANKLE OR FOOT JOINT</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>Disapproval</td>
<td>She has failed to find relief with conservative measures; This study is being ordered for a neurological disorder.; 02/14/2017; There has been treatment or conservative therapy.; Right groin and thigh pain with associated numbness and tingling over the anterior thigh.; Physical therapy, home exercises, injections and Lyrica; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<tr>
<td>70450 CT BRAIN, HEAD</td>
<td>Approval</td>
<td></td>
<td>This is a request for a brain/head CT.; &quot;There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness.&quot;; This study is being requested for a recent head trauma or injury.</td>
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<tr>
<td>70450 CT BRAIN, HEAD</td>
<td>Approval</td>
<td></td>
<td>This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.</td>
</tr>
<tr>
<td>70450 CT BRAIN, HEAD</td>
<td>Approval</td>
<td></td>
<td>This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.</td>
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<tr>
<td>70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST</td>
<td>Approval</td>
<td></td>
<td>This is a request for a brain/head CT.; There is a history of serious facial bone or skull, trauma or injury, etc.; Yes this is a request for a Diagnostic CT</td>
</tr>
</tbody>
</table>
Emergency Medicine

70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST

This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT.

70544 Mr angiography head w/o dye

There is an immediate family history of aneurysm.; This is a request for a Brain MRA. &lt;Enter answer here - or Type In Unknown If No Info Given. &gt; This is a request for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.

Emergency Medicine

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

pt had abnormal ct in er for headache and needs follow up MRI.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The study is being requested for evaluation of a headache.; The patient has failed a course of anti-inflammatory medication or steroids.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient has demonstrated no neurological deficits.; No, the patient did not have a recent course of supervised physical Therapy.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has not undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has not undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has not undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has not undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has been given a diagnosis of a chronic or recurrent headache.; The headache is associated with exertion, or a mental status change.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has been given a diagnosis of a chronic or recurrent headache.; The headache is associated with exertion, or a mental status change.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has been given a diagnosis of a chronic or recurrent headache.; The headache is associated with exertion, or a mental status change.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has been given a diagnosis of a chronic or recurrent headache.; The headache is associated with exertion, or a mental status change.

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.

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This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.

71250 CT CHEST, THORAX

Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT.

71250 CT CHEST, THORAX

Chest pain describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema); Yes this is a request for a Diagnostic CT.

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.
This is a request for cervical spine MRI; "The patient has not been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; This is a continuation or recurrence of symptoms related to a previous surgery or fracture.; Follow-up to Surgery or Fracture within the last 6 months; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; Yes, the patient is experiencing or presenting x-ray evidence of a recent fracture.

This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Enter answer here - or Type In Unknown If No Info Given &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Enter answer here - or Type In Unknown If No Info Given &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 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&lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Enter answer here - or Type In Unknown If No Info Given &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Enter answer here - or Type In Unknown If No Info Given &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Enter answer here - or Type In Unknown If No Info Given &gt;; 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This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Enter answer here - or Type In Unknown If No Info Given &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Enter answer here - or Type In Unknown If No Info Given &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Enter answer here - or Type In Unknown If No Info Given &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Enter answer here - or Type In Unknown If No Info Given &gt;.
| Emergency Medicine Approval | 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST | The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; the patient was treated with a facet joint injection. |
| Emergency Medicine Approval | 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST | The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has Neurological abnormalities; This procedure is being requested for Trauma or recent injury. |
| Emergency Medicine Approval | 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection. |
| Emergency Medicine Approval | 73220 MRI UPPER EXTREMITY, ENTIRE EXTREMITY, NOT A JOINT | The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury. |
| Emergency Medicine Approval | 73221 MRI JOINT OF UPPER EXTREMITY | The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient is experiencing joint locking or instability. |
| Emergency Medicine Approval | 73221 MRI JOINT OF UPPER EXTREMITY | The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were not normal. |
| Emergency Medicine Approval | 73221 MRI JOINT OF UPPER EXTREMITY | This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint. |
| Emergency Medicine Approval | 73221 MRI JOINT OF UPPER EXTREMITY | This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning. |
| Emergency Medicine Approval | 73700 CT LEG OR LOWER EXTREMITY | This is not a preoperative or recent postoperative evaluation.; There is no suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury. |
"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; Ulcers on both right and left feet.

2

There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; Ulcers on both right and left feet.

1

There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; Ulcers on both right and left feet.

1

There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; Ulcers on both right and left feet.

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There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; Ulcers on both right and left feet.

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There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; Ulcers on both right and left feet.

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There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; Ulcers on both right and left feet.

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There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; Ulcers on both right and left feet.
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Approval</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT</td>
<td>Emergency Medicine Approval</td>
<td>This is a request for a hip MRI.; This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; This study is not being ordered in conjunction with a pelvic MRI.; There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.; There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.; The patient has a documented limitation of their range of motion.</td>
</tr>
<tr>
<td>74150 CT ABDOMEN WITHOUT CONTRAST</td>
<td>Emergency Medicine Approval</td>
<td>This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Emergency Medicine Approval</td>
<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Emergency Medicine Approval</td>
<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
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<td>Emergency Medicine Approval</td>
<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Approval/Disapproval</td>
<td>Service Code</td>
</tr>
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<tr>
<td>78451 Myocardial perfusion imaging, tomographic (SPECT); single study</td>
<td>Approval</td>
<td>78451</td>
</tr>
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<td>78451 Myocardial perfusion imaging, tomographic (SPECT); single study</td>
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<td>78451</td>
</tr>
<tr>
<td>78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY</td>
<td>Approval</td>
<td>78816</td>
</tr>
<tr>
<td>93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL</td>
<td>Approval</td>
<td>93307</td>
</tr>
<tr>
<td>70450 CT BRAIN, HEAD</td>
<td>Disapproval</td>
<td>70450</td>
</tr>
<tr>
<td>70450 CT BRAIN, HEAD</td>
<td>Disapproval</td>
<td>70450</td>
</tr>
<tr>
<td>71250 CT CHEST, THORAX</td>
<td>Disapproval</td>
<td>71250</td>
</tr>
<tr>
<td>71250 CT CHEST, THORAX</td>
<td>Disapproval</td>
<td>71250</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Radiology Services Denied</td>
</tr>
<tr>
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<td>---------------------------------</td>
</tr>
<tr>
<td>72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST</td>
<td>This is a request for a thoracic spine CT. The patient has not failed a course of anti-inflammatory medication or steroids. This is a request for a diagnostic CT.</td>
<td>Radiology Services Denied</td>
</tr>
<tr>
<td>72131 CT LUMBAR SPINE, LOW BACK</td>
<td>This is a request for a lumbar spine CT. The patient has a history of severe low back trauma or lumbar injury. Yes this is a request for a diagnostic CT.</td>
<td>Radiology Services Denied</td>
</tr>
<tr>
<td>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
<td>This is a request for cervical spine MRI; None of the above;</td>
<td>Radiology Services Denied</td>
</tr>
<tr>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>This is a request for a pelvic/pubic bone fracture at age 13. They state there was a benign bone tumor present and was seen by a children's hospital for several years. Patient states pain went away but has been reoccurring within the last 2 days. Pain is worse when;</td>
<td>Radiology Services Denied</td>
</tr>
<tr>
<td>72196 MRI PELVIS</td>
<td>Patient had a pelvic/pubic bone fracture at age 13. They state there was a benign bone tumor present and was seen by a children's hospital for several years. Patient states pain went away but has been reoccurring within the last 2 days. Pain is worse when;</td>
<td>Radiology Services Denied</td>
</tr>
<tr>
<td>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</td>
<td>Radiology Services Denied</td>
</tr>
<tr>
<td>73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST</td>
<td>Hypothyroidism due to Hashimoto's thyroiditis;</td>
<td>Radiology Services Denied</td>
</tr>
</tbody>
</table>
This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; It is not known if the urinalysis results were normal or abnormal.; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT.

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

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This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

Patient is wanting MRI brain done of his pituitary. He was; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

Patient has a benign neoplasm pituitary tumor; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

PCSO, Elevated Prolactin levels.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

Pituitary hormone that control the testes was low and a hormone called prolactin which may affect the testosterone was mildly high. Due to this I would like to order MRI of pituitary gland without and with contrast to make sure there is no pituitary patho; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo; It is unknown why this study is being ordered.
This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing fatigue or malaise.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell’s Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell’s Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.
This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing fatigue or malaise.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are not physical findings or laboratory values indicating abnormal pituitary hormone levels.; There has been a previous Brain MRI completed.; The brain MRI was abnormal.; This is NOT a Medicare member.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.; This is NOT a Medicare member.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
<table>
<thead>
<tr>
<th>Endocrinology</th>
<th>Approval</th>
<th>Procedure/Exam Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>71250 CT CHEST, THORAX</td>
<td>Evaluate for reoccurrence; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
</tr>
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<td></td>
<td>71250 CT CHEST, THORAX</td>
<td>This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; There is a known or a strong suspicion of kidney or ureteral stones.; Yes this is a request for a Diagnostic CT</td>
</tr>
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<td></td>
<td>74150 CT ABDOMEN WITHOUT CONTRAST</td>
<td>This is a request for an Abdomen CT.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
</tr>
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<td></td>
<td>74150 CT ABDOMEN WITHOUT CONTRAST</td>
<td>This is a request for an Abdomen CT.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<tr>
<td></td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>This is a request for an abdomen‐pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td></td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>This is a request for an abdomen‐pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td></td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>This is a request for an abdomen‐pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td></td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>This is a request for an abdomen‐pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td></td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>This is a request for an abdomen‐pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
</tr>
</tbody>
</table>
This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT. 

This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; unknown

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.

This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.

LOW TESTRONE; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.

This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.

This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.
This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.

"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.; They did not have a previous Chest x‐ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT

Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT

Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT

Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT

Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT

Abnormal imaging test describes the reason for this request.; 'None of the above' led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT
Chest pain describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT
Hematuria; This study is being ordered for Inflammatory/ Infectious Disease.; 12/6/17; There has been treatment or conservative therapy.; Blood in urine and abdominal pain, anemia.; Antibiotics; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
'None of the above' describes the reason for this request.; Initial staging prior to treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT
'None of the above' describes the reason for this request.; It is unknown what if anything else is related to this request for imaging of a known cancer or tumor.; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT
Patient has e-unexplained weight loss; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT
unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
This study is being ordered for a work-up of a suspicious mass.; There is radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.
The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.
This is a request for a pelvis CT angiography.
CT shows abscess in 2016; This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT
Imaging is to determine if tumor is malignant.; This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT
<table>
<thead>
<tr>
<th>Gastroenterology Approval</th>
<th>72196 MRI PELVIS</th>
<th>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenterology Approval</td>
<td>72196 MRI PELVIS</td>
<td>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.</td>
<td>1</td>
</tr>
<tr>
<td>Gastroenterology Approval</td>
<td>72196 MRI PELVIS</td>
<td>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; 9/17/17; There has been treatment or conservative therapy.; abdominal pain, anemia; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
<td>1</td>
</tr>
<tr>
<td>Gastroenterology Approval</td>
<td>72196 MRI PELVIS</td>
<td>hx ulcerative colitis, suspected anal fistula, anal diarrhea, hx diverticulosis; This is a request for a Pelvis MRI.; This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?; The request is not for any of the listed indications.</td>
<td>1</td>
</tr>
<tr>
<td>Gastroenterology Approval</td>
<td>72196 MRI PELVIS</td>
<td>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/8/2017; There has been treatment or conservative therapy.; Abdominal pain, diarrhea, nausea and vomiting; Pt has tried multiple PPI medication and antibiotics to treat symptoms without relief; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
<td>1</td>
</tr>
<tr>
<td>Gastroenterology Approval</td>
<td>72196 MRI PELVIS</td>
<td>This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; &quot;There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.&quot;; There is a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).</td>
<td>1</td>
</tr>
<tr>
<td>Gastroenterology Approval</td>
<td>73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT</td>
<td>This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; &quot;There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.&quot;; There is a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).</td>
<td>1</td>
</tr>
<tr>
<td>Gastroenterology Approval</td>
<td>74150 CT ABDOMEN WITHOUT CONTRAST</td>
<td>This is a request for a Diagnostic CT</td>
<td>7</td>
</tr>
<tr>
<td>Gastroenterology Approval</td>
<td>74150 CT ABDOMEN WITHOUT CONTRAST</td>
<td>This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &amp;#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &amp;#x0D; Known or suspected infection such as pancreatitis, etc.;.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT</td>
<td>5</td>
</tr>
<tr>
<td>Gastroenterology Approval</td>
<td>74150 CT ABDOMEN WITHOUT CONTRAST</td>
<td>This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
<td>1</td>
</tr>
<tr>
<td>Gastroenterology Approval</td>
<td>74150 CT ABDOMEN WITHOUT CONTRAST</td>
<td>abdominal pain, abnormal imaging, bloating, diarrhea, rectal gas, flatulence; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &amp;#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &amp;#x0D; Known or suspected infection such as pancreatitis, etc.;.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
</tbody>
</table>
Abnormal Imaging, Hep C, Cirrhosis, Hepatoma Surveillance; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT

Abnormal ultrasound revealed indeterminate complex cystic structure in LUQ between spleen and left kidney. Recommending triple phase CT abdomen be performed for further eval.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT

Cirrhosis of liver, Abnormal Liver Tests Duration: present for 1-5 year severity: AST:73; ALT:56, History of Hepatitis; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT

EPIGASTRIC PAIN WITH TENDERNESS, ABNORMAL LFTS, PPIS NOT HELPING. EGD NORMAL, HAS HAD PAIN THAT IS SHARP AND INTERMITTENT FOR SEVERAL MONTHS.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT

Has large non reducable incisional hernia. Has already been repaired once. Having pain for last week along with weight loss. Status post liver transplant.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT

Pancreatic Cyst on EUS, Nausea and vomiting; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT
| Patient had an abnormal CT can and we would like to look closer to her pancreas; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT | 1 |
| patient has a lesion in the liver; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT | 1 |
| Pt is not feeling well, no improvement.; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x‐ray (plain film) findings.; Yes this is a request for a Diagnostic CT | 1 |
| Severe chronic abdominal pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT | 1 |
| This is a request for an Abdomen CT.; This study is being ordered as a pre‐op or post op evaluation.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Yes this is a request for a Diagnostic CT | 1 |
| This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; This patient does NOT have known prostate cancer with a PSA (prostate‐specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; Yes, there has been a recent abdominal CT scan.; No, this is not a repeat of a CT of the abdomen within 6 weeks.; Yes this is a request for a Diagnostic CT | 2 |
| This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT | 8 |
| This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Yes this is a request for a Diagnostic CT | 1 |
This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for another reason besides kidney/Urinary stone. Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &x0D; Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of unexplained abdominal pain in patient over 75 years of age.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Yes this is a request for a Diagnostic CT

Unknown.; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.; Yes this is a request for a Diagnostic CT

This is a request for CT Angiography of the Abdomen and Pelvis.

Yes, this is a request for CT Angiography of the abdomen.

&<lt; Enter answer here - or Type In Unknown If No Info Given. &gt; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

&<lt; Enter answer here - or Type In Unknown If No Info Given. &gt; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

&<lt; Enter answer here - or Type In Unknown If No Info Given. &gt; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

&<lt; Enter answer here - or Type In Unknown If No Info Given. &gt; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT
Enter answer here - or Type In Unknown If No Info Given.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT.

Enter answer here - or Type In Unknown If No Info Given.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

3 cm rectal mass just inside the anal canal that was palpable. Biopsies were obtained and were found to be suspicious for a colorectal adenocarcinoma, although there was notably extensive high-grade dysplasia and areas suspicious for adenocarcinoma, but;

Enter answer here - or Type In Unknown If No Info Given.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Acute abdominal pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT.

Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

adenocarcinoma of cecum; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Courtney Shannon is a 25 year old female referred by Dr. Randy Walker. She is here today with a several year history of crampy left-sided abdominal pain and diarrhea. The patient says that she had a CAT scan about a year ago that showed an ad; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT.
Courtney Whitaker is a 29 year old female referred by Dr. Russell Mayo. The patient underwent a hysterectomy in August of 2017 and then presented to a local emergency room in September of 2017 with worsening abdominal pain and severe constipation. The patient is female; It is not known if a pelvic exam was performed; Yes this is a request for a Diagnostic CT Hematuria; This study is being ordered for Inflammatory/ Infectious Disease.; 12/6/17; There has been treatment or conservative therapy.; Blood in urine and abdominal pain, anemia.; Antibiotics; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology. Hx abnormal CT, abdominal pain recurring; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT. Ms Davis is a 29 y/o F who is in GI clinic for evaluation of abdominal pain x 1 year. It is located in lower abdomen- mainly on the right side. It is constant with intermittent worsening, sharp in character with cramping / burning feeling in between. She.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT patient has e-unexplained weight loss; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. Patient has lost a good amount of weight in the past year, and we would like to do a CT scan to see if we can find out the reason.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT. Pt. is still having continuing abdominal pain since 2016.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT rectal cancer; This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is a request for evaluation of prostate cancer.; There is not a PSA greater than 10.; There is not a Gleason Score (sum) 7 or greater.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient did not have a prior Abdomen/Pelvis CT.; Yes this is a request for a Diagnostic CT.
This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; It is not known if the patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; The patient has Ulcerative Colitis.; Yes this is a request for a Diagnostic CT
<table>
<thead>
<tr>
<th>Gastroenterology Approval</th>
<th>Code</th>
<th>Reason</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td></td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
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<td></td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
</tr>
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<td></td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
</tr>
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<td></td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT</td>
</tr>
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<td></td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT</td>
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<td></td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is vascular disease.; There is not a known or suspicion of an abdominal aortic aneurysm.; There is an abnormal abdominal/pelvic ultrasound.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
</tr>
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<td></td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>This is a request for an abdomen-pelvis CT combination.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation.; Yes this is a request for a Diagnostic CT</td>
</tr>
</tbody>
</table>
This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT.

Gastroenterology Approval
74176 CT ABD & PELVIS W/O CONTRAST
This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; &lt;Enter Additional Clinical Information&gt;.; Yes this is a request for a Diagnostic CT.

Gastroenterology Approval
74176 CT ABD & PELVIS W/O CONTRAST
This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other.; Yes this is a request for a Diagnostic CT.

Gastroenterology Approval
74176 CT ABD & PELVIS W/O CONTRAST
This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; EDG on 08/11/17 Hx of chronic constipation no fever or rash; Yes this is a request for a Diagnostic CT.

Gastroenterology Approval
74176 CT ABD & PELVIS W/O CONTRAST
This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; follow up of Epiploic Appendagitis; Yes this is a request for a Diagnostic CT.

Gastroenterology Approval
74176 CT ABD & PELVIS W/O CONTRAST
This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Primary Hemochromatosis, Reflux; Yes this is a request for a Diagnostic CT.

Gastroenterology Approval
74176 CT ABD & PELVIS W/O CONTRAST
This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; R10.12 Left upper quadrant pain, Findings: Left upper quadrant pain, hiatal hernia, delayed gastric emptying, and GERD, GASTROESOPHAGEAL REFLUX DISEASE, ESOPHAGITIS, CHRONIC PAIN; Yes this is a request for a Diagnostic CT.

Gastroenterology Approval
74176 CT ABD & PELVIS W/O CONTRAST
This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; UNKNOWN; Yes this is a request for a Diagnostic CT.

Gastroenterology Approval
74176 CT ABD & PELVIS W/O CONTRAST
This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT.

Gastroenterology Approval
74176 CT ABD & PELVIS W/O CONTRAST
This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is a suspicion of an adrenal mass.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT.

Gastroenterology Approval
74176 CT ABD & PELVIS W/O CONTRAST
This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT.
This is a request for a CT abdomen-pelvis combination.

1. This is a request for a CT abdomen-pelvis combination; It is being requested for abdominal and/or pelvic pain. It is not known if the pain is acute or chronic. The patient had an amylase lab test. The results of the lab test were abnormal. This is a request for a Diagnostic CT.

2. This is a request for a CT abdomen-pelvis combination; The study is being ordered for acute pain. There has been a physical exam. The patient is female. A pelvic exam was performed. The results of the exam were abnormal. This is a request for a Diagnostic CT.

3. This is a request for a CT abdomen-pelvis combination; The study is being ordered for chronic pain. The patient is female. A pelvic exam was not performed. This is a request for a Diagnostic CT.

4. This is a request for a CT abdomen-pelvis combination; The study is being ordered for chronic pain. There has been a physical exam. The patient is female. A pelvic exam was performed. The results of the exam are unknown. This is a request for a Diagnostic CT.
<table>
<thead>
<tr>
<th>Gastroenterology Approval</th>
<th>74176 CT ABD &amp; PELVIS W/O CONTRAST</th>
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<tbody>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT</td>
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</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Anerysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT</td>
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<tr>
<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were abnormal.; Yes this is a request for a Diagnostic CT</td>
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<tr>
<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT</td>
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<tr>
<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT</td>
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</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT</td>
<td></td>
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<tr>
<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT</td>
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<tr>
<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT</td>
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</tbody>
</table>
This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT 1

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Anerysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT 1

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT 10

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT 1

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT 1

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT 1

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT 1

This is a request for an abdomen-pelvis CT combination.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.;
unknown; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Inflammatory/ Infectious Disease.; 9/17/17; There has been treatment or conservative therapy.; abdominal pain, anemia; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &It; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &It; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4 or 5 months ago; It is not known if there has been any treatment or conservative therapy.; The pt has right upper quadrant pain, findings on the ultrasound recommended that she have these procedures for further eval.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
<table>
<thead>
<tr>
<th>Gastroenterology Approval</th>
<th>74181 MRI ABDOMEN</th>
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<tbody>
<tr>
<td><strong>Enter answer here - or Type In Unknown If No Info Given.</strong>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Dec 22 2017; There has not been any treatment or conservative therapy.; Nausea Diarrhea Abdominal Pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
<td></td>
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<tr>
<td><strong>This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.</strong></td>
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</tr>
<tr>
<td><strong>This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney, pancreas or spleen.</strong></td>
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<td><strong>This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.</strong></td>
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<td><strong>33 year old african american male with Type 1 DM and seizures was referred for abnormal liver chemistries.; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.</strong></td>
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<td><strong>CIRRHOSIS OF LIVER, CHRONIC HEPATIC FAILURE, ADB PAIN. Needs MRI of liver due to minimally elevated AFP.; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.</strong></td>
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<td><strong>CT scan showed Hepatomegaly with severe fatty infiltration; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.</strong></td>
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<td><strong>Pt has abnormal CT report; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/8/2017; There has been treatment or conservative therapy.; Abdominal pain, diarrhea, nausea and vomiting; Pt has tried multiple PPI medication and antibiotics to treat symptoms without relief; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</strong></td>
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</table>
This request is for an Abdomen MRI.; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painful hematuria, etc.) consistent with an abdominal mass or tumor."; "There are documented physical findings (painful hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; "The patient has had an abdominal ultrasound, CT, or MR study."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; lesion on the liver seen on previous CT

Gastroenterology Approval 74181 MRI ABDOMEN

This request is for an Abdomen MRI.; This study is being ordered for hematuria.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.

Gastroenterology Approval 74181 MRI ABDOMEN

This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist.";

Gastroenterology Approval 74181 MRI ABDOMEN

This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

Gastroenterology Approval 74181 MRI ABDOMEN

This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist."; 1. abnormal pain &lt;x0D; 63 yo referred by Dr. Cooke for referred abnormal imaging &lt;x0D; Patient with history of HP infection, no other issues&lt;x0D; Patient with abdominal pain, had CT in July &lt;x0D; - Pneumobilia &lt;x0D; - Dudodenal inflammation &lt;x0D; Reports that currently she f

Gastroenterology Approval 74181 MRI ABDOMEN

This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist."; Abd pain. High likelihood of gallstone pain. Since aminotransferases were markedly elevated, I am concerned about a CBD stone. Pt needs urgent MRCP

Gastroenterology Approval 74181 MRI ABDOMEN

This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist."; Initially CT scan was in August when he had complaints of abdominal pain and he had a pancreatic cyst but no evidence of pancreatitis on CT scan

Gastroenterology Approval 74181 MRI ABDOMEN

This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist."; pt has developed epigastric pain last month. pt has a past history of elevated GGT, Alkphase. Recent EGD was done which revealed gastritis. An ultrasound was performed on 12-4-17 which did reveal sludge in the gallbladder. pt still have epigastric pai

Gastroenterology Approval 74181 MRI ABDOMEN

This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist."; She went to WRMC ER on Sept. 5th with abdominal pain and n/v. Her WBC was 26,000. She was given IVF, anitemetics and abx. A CT scan was recommended but she had been in the ER over 5 hours and wanted to go home. She was told to f/u here. She was diagnosed
This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist."; Suspected Crohn's disease

This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist."; unknown

This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "There is radiographical or ultrasound findings consistent with abnormal fluid collection, abdominal abscess, or ascites."; There are NO physical findings or abnormal blood work consistent with peritonitis, pancreatitis or appendicitis.; There is active or clinical findings of ulcerative colitis, bowel inflammation or diverticulitis.

This request is for an Abdomen MRI.; This study is being ordered for known or suspected vascular disease.; The ordering physician is not a surgeon.; There are plain film or ultrasound evidence of vascular abnormality.;

This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; 1st MRI f/u

This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; None

This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Follow up to see results of treatment, Pt is diabetic, referred for Liver transplant

This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Unknown
This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.

This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; none

This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; Pt with a HX of Auto-Immune Hepatitis. Recent US showed lobulation &amp; MRI was recommended for further evaluation

This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; R10.11, PANCREATIC DUCT DISORDER,

This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Patient with hepatocellular carcinoma being evaluated for a liver transplant. Imaging is to determine size of tumor.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study.;"

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study.;"

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study.;" 1.6 CT Lobe Of The Liver, Possible Lesion Or Mass..

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study.;" Abnormal CT revealing liver lesion
This request is for an Abdomen MRI.; This study is being ordered for suspicious mass
or suspected tumor/ metastasis.; "There are documented physical findings (painless
hematuria, etc.) consistent with an abdominal mass or tumor.; "The patient has had
an abdominal ultrasound, CT, or MR study.;" Abnormal CT scan revealing liver lesion.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass
or suspected tumor/ metastasis.; "There are documented physical findings (painless
hematuria, etc.) consistent with an abdominal mass or tumor.; "The patient has had
an abdominal ultrasound, CT, or MR study.;" Abnormal imaging requires further study.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass
or suspected tumor/ metastasis.; "There are documented physical findings (painless
hematuria, etc.) consistent with an abdominal mass or tumor.; "The patient has had
an abdominal ultrasound, CT, or MR study.;" CT ABD FINDINGS:&lt;#x00D; 1. Marked
heterogeneity and cirrhotic appearance of the liver. There are areas of focal
hypodensity within the liver which likely represent areas of fatty infiltration. There is
also stellate enhancement within the right hepatic lobe near

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass
or suspected tumor/ metastasis.; "There are documented physical findings (painless
hematuria, etc.) consistent with an abdominal mass or tumor.; "The patient has had
an abdominal ultrasound, CT, or MR study.;" No focal lesions seen but however
showed some hypodensity in the distal splenic vein ? For thrombus. Will get MRI
abdomen with and without contrast. She has a metal plate, spoke to radiology and
they mentioned its ok to proceed with MRI.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass
or suspected tumor/ metastasis.; "There are documented physical findings (painless
hematuria, etc.) consistent with an abdominal mass or tumor.; "The patient has had
an abdominal ultrasound, CT, or MR study.;" Onset: 4 years ago. Location is LUQ,
RUQ. There is radiation to back. The patient describes it as burning. Context: no
pattern noted. Symptom is aggravated by constipation. Relieving factors include rest.
Associated symptoms include back pain, chan

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass
or suspected tumor/ metastasis.; "There are documented physical findings (painless
hematuria, etc.) consistent with an abdominal mass or tumor.; "The patient has had
an abdominal ultrasound, CT, or MR study.;" Patient with a history of hepatocellular
cancer and who currently has Hepatitis C and is experiencing abdominal pain. Was
sent for US abdomen today and there were multiple liver masses found.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass
or suspected tumor/ metastasis.; "There are documented physical findings (painless
hematuria, etc.) consistent with an abdominal mass or tumor.; "The patient has had
an abdominal ultrasound, CT, or MR study.;" Patient with abdominal distention,
abdominal pain, constipation, diarrhea, nausea and vomiting, diaphoresis and
unexpected weight change. Abdomen Ultrasound: Impression 10 mm indeterminate
echogenic lesion in the posterior right hepatic lobe. Further eva
This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;"; pt had abnormal ct scan, further characterization.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;"; pt has a lesion in the iver and the MD is watching for growth over the next 3 months.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has not had an abdominal ultrasound, CT, or MR study.;"

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;"

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;"

Hereditary pancreatitis, pt has hereditary pancreatitis. recently hospitalized x7 days with acute pancreatitis. treated with iv fluids, bowel rest and pain control. has had nausea/vomiting- unable to eat/drink without pain, &lt;=x0d; CT 10/7/17 showed inflammatory

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;"

Liver lesion seen on abdominal ultrasound in patient with hx hep c and cirrhosis

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;" "The patient has had an abdominal ultrasound, CT, or MR study.;" Patient has a liver lesion that has been found on prior imaging. It is likely a hemangioma, but radiologist has recommended follow up MRI to evaluate and make sure that there have not been any changes.
<table>
<thead>
<tr>
<th>Request Details</th>
<th>Image Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; &quot;There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;&quot;; &quot;The patient has had an abdominal ultrasound, CT, or MR study.;&quot; PROCEDURE(S): MRI ABD W/WO CONTRAST&amp;W/OD; &amp;x0D; MRI of the abdomen with and without contrast dated 12/27/2016&amp;W/OD; &amp;x0D; History: Pancreatic cyst&amp;W/OD; &amp;x0D; Comparison: 12/8/2015&amp;W/OD; &amp;x0D; Technique: Routine MRI imaging of the abdomen before and after 10 cc of Gadavist intravenous co</td>
<td>1</td>
</tr>
<tr>
<td>This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; &quot;There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;&quot;; &quot;The patient has had an abdominal ultrasound, CT, or MR study.;&quot; unknown</td>
<td>1</td>
</tr>
<tr>
<td>This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; &quot;There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;&quot;; &quot;The patient has not had an abdominal ultrasound, CT, or MR study.;&quot;; &lt;Enter answer here - or Type In Unknown If No Info Given. &gt;</td>
<td>1</td>
</tr>
<tr>
<td>This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; &quot;The patient has had an abdominal ultrasound, CT, or MR study.;&quot;</td>
<td>4</td>
</tr>
<tr>
<td>This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; &quot;The patient has had an abdominal ultrasound, CT, or MR study.;&quot;; See above</td>
<td>1</td>
</tr>
<tr>
<td>This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.</td>
<td>1</td>
</tr>
<tr>
<td>This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.;</td>
<td>3</td>
</tr>
<tr>
<td>This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; &lt;Enter answer here - or Type In Unknown If No Info Given. &gt;</td>
<td>2</td>
</tr>
<tr>
<td>This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Abnormal Ultrasound showing liver lesion increased in size. Need further evaluation.</td>
<td>1</td>
</tr>
<tr>
<td>This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Epigastric abdominal pain</td>
<td>1</td>
</tr>
</tbody>
</table>
This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Epigastric abdominal pain, Diarrhea, Right lower quadrant pain, Abdominal pain unspecified

This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; fatty liver

This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; liver cyst

This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; MRE was done in 3/2017 to evaluate small bowel disease which showed a 4cm long distal T1 stricture

This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Overall findings are suggestive of partial small bowel obstruction and enteritis, with associated inflammatory changes of the distal jejunum and ileum. Findings are nonspecific, though could potentially be related to Crohn’s disease. Magnetic resonance

This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; patient may have hemangioma. abnormal US. showed left hepatic lobe.

This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Pt found to have a 1.2 cm hypoechoic 'nodule' on sono in the R lobe of his liver

This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Pt with abnormal duodenum, papilla seen in EGD and US. Duodenal fistula. Hx of choledocholithiasis

This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Recurrent anal fissure, abdominal pain, gi bleed, Hematochezia, needing to rule out Crohn’s

This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; suspicion of pancreatic cancer
This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; unknown

This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; us gallbladder shows: &lt;#xd; IMPRESSION:&lt;#xd; 1. Liver is prominent in size and diffusely fatty infiltrated.&lt;#xd; 2. 12 mm hypoechoic nodule right lobe liver

unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/05/2017; There has not been any treatment or conservative therapy.; nausea, vomiting, upper pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

We will plan for MRI of the abdomen with MRCP to evaluate her biliary tree and liver parenchyma.; This request is for an Abdomen MRI.; This study is being ordered for known or suspected vascular disease.

&lt;lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; The member had colon screening studies completed prior to this request.

Patient is unable to stop his blood thinner (Warfin) to undergo sedation.; This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; The member had colon screening studies completed prior to this request.

unknown; This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; The member had colon screening studies completed prior to this request.

This is a request for CT Colonoscopy for screening purposes only.

Patient currently be evaluated for a liver transplant. Imaging is to evaluated for cardiac abnormalities.; This is a request for a CT scan for evaluation of coronary calcification.

Patient is currently being evaluated for listing for a liver transplant. Testing is to evaluate for cardiac abnormalities.; This is a request for a CT scan for evaluation of coronary calcification.

Patient with currently being evaluated for a liver transplant. Imaging is to determine cardiac abnormalities.; This is a request for a CT scan for evaluation of coronary calcification.

Patient currently being evaluated for listing for a liver transplant. Patient has abnormal EKG and needs further cardiac assessment.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.
**Gastroenterology Approval**

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Patient is currently being evaluated for a liver transplant. Testing is to evaluate cardiac abnormalities.; This study is being ordered as a pre-operative evaluation.; The patient had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.; The results of the previous nuclear cardiology study were normal.

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

78813 PET IMAGING WHOLE BODY

This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on more than 1 of the following: diagnostic test, imaging study, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.

78813 PET IMAGING WHOLE BODY

This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on more than 1 of the following: diagnostic test, imaging study, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.

78813 PET IMAGING WHOLE BODY

This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on more than 1 of the following: diagnostic test, imaging study, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.

8037 mrcp

&It; Enter answer here - or Type In Unknown If No Info Given. &gt; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.
This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 4 or 5 months ago; it is not known if there has been any treatment or conservative therapy.; The pt has right upper quadrant pain, findings on the ultrasound recommended that she have these procedures for further eval.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Dec 22 2017; There has not been any treatment or conservative therapy.; Nausea Diarrhea Abdominal Pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

Cystic lesion of pancreas; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

FAX; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

Patient c/o abdominal pain with elevated LFT’s and abnormal ultrasound revealing gallstones and dilated common bile duct.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

PATIENT IS COMPLAINING OF ABDOMINAL CRAMPING, WEIGHT LOSS, AND DYSPHAGIA. ALSO HAS AN ELEVATED CA 19-9; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

Patient ultrasound showed intrahepatic bile ducts mildly prominent and further evaluate abdominal pain.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

pt had ERCP; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

pt seen for EGD on 12/22/17 pt states that she is having RUQ pain and had not had evaluation for it - Dr Jones ordered an US of the abd that showed a contracted gallbladder with stone, common bile duct dilation to 12mm with suggestion of a 6mm stone in th; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.
Pt suffers with inflammatory bowel disease.; This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient does not require evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will not be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.; "The patient is not an infant or young child, and not an adult who is debilitated or uncooperative in such a manner that ERCP is unsafe or cannot be performed."

The patient does not have acute pancreatitis.

pt underwent an ERCP on 10-10-17 with clearing of common bile duct stone removed. However, one stone was not able to be retrieved it had moved up to the bifurcation. We chose to observe since a sphincterotomy was made large enough to hopefully let that st; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient requires evaluation for a congenital defect of the pancreatic or biliary tract.

unknown; This study is being ordered for a neurological disorder.; 01/01/2008; There has been treatment or conservative therapy.; abd pain; nausea and vomiting; pancreatitis; multi ercp; meds.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/05/2017; There has not been any treatment or conservative therapy.; nausea, vomiting, upper pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

&It; Enter answer here - or Type in Unknown If No Info Given. &gt;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Procedure Description</th>
<th>Specialty</th>
<th>Approval Status</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>71250 CT CHEST, THORAX</td>
<td>Not Medically Necessary</td>
<td>Gastroenterology Disapproval</td>
<td>Radiology Services Denied</td>
<td>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/10/2017; There has not been any treatment or conservative therapy.; PAIN IN RIGHT RIB CAGE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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<tr>
<td>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
<td>Not Medically Necessary</td>
<td>Gastroenterology Disapproval</td>
<td>Radiology Services Denied</td>
<td>Rash and other nonspecific skin eruption; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/1/2017; There has been treatment or conservative therapy.; Rash and other nonspecific skin eruption; Desmopressin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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<tr>
<td>72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST</td>
<td>Not Medically Necessary</td>
<td>Gastroenterology Disapproval</td>
<td>Radiology Services Denied</td>
<td>Rash and other nonspecific skin eruption; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/1/2017; There has been treatment or conservative therapy.; Rash and other nonspecific skin eruption; Desmopressin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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<tr>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>Not Medically Necessary</td>
<td>Gastroenterology Disapproval</td>
<td>Radiology Services Denied</td>
<td>Rash and other nonspecific skin eruption; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/1/2017; There has been treatment or conservative therapy.; Rash and other nonspecific skin eruption; Desmopressin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
</tr>
</tbody>
</table>
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST | Radiology Services Denied | Not Medically Necessary
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Gastroenterology Disapproval
- Blood in stool; The study requested is a Lumbar Spine MRI; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above
- None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/2017; There has been treatment or conservative therapy.; Pain left foot pain; Anti inflammatory medication stretching;
- One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
- Rash and other nonspecific skin eruption; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/1/2017; There has been treatment or conservative therapy.; Rash and other nonspecific skin eruption; Desmopressin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
- Patient c/o of pain in her rectal area. A rectal exam was preformed and no pilonidal cyst were seen. She is also having unexplained GI bleeding. The next step is to do CT of pelvis with contrast.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT
- None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/2017; There has been treatment or conservative therapy.; Pain left foot pain; Anti inflammatory medication stretching;
- This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.; There is a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).
- &lt;Enter answer here - or Type In Unknown If No Info Given.>; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &amp;#xD0; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &amp;#xD0; Known or suspected infection such as pancreatitis, etc.;.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis;
- Yes this is a request for a Diagnostic CT
- This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/2017; There has been treatment or conservative therapy.; Chest pain, epigastric abdominal pain, weight loss, GERD; See above medications and diet changes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST | Radiology Services Denied | Not Medically Necessary
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Gastroenterology Disapproval
- None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/2017; There has been treatment or conservative therapy.; Pain left foot pain; Anti inflammatory medication stretching;
- One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

72192 CT PELVIS WITHOUT CONTRAST | Radiology Services Denied | Not Medically Necessary
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Gastroenterology Disapproval
- Patient c/o of pain in her rectal area. A rectal exam was preformed and no pilonidal cyst were seen. She is also having unexplained GI bleeding. The next step is to do CT of pelvis with contrast.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT | Radiology Services Denied | Not Medically Necessary
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Gastroenterology Disapproval
- This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.; There is a suspicion of AVN.; The patient is receiving long-term steriod therapy (Prednisone or Cortisone).

74150 CT ABDOMEN WITHOUT CONTRAST | Radiology Services Denied | Not Medically Necessary
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Gastroenterology Disapproval
- Yes this is a request for a Diagnostic CT
- This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/2017; There has been treatment or conservative therapy.; Chest pain, epigastric abdominal pain, weight loss, GERD; See above medications and diet changes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
Gastroenterology Disapproval
74150 CT ABDOMEN WITHOUT CONTRAST
Radiology Services Denied
Not Medically Necessary

Alcoholic cirrhosis.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, & RxOD; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, & RxOD; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT

Gastroenterology Disapproval
74150 CT ABDOMEN WITHOUT CONTRAST
Radiology Services Denied
Not Medically Necessary

pt c/o abd pain (epigastric pain) with epigastric tenderness that is sharp, intermittent for several months and is getting worse, decreased appetite, abnormal liver functions. ppi is not helping, vomiting, heartburn, vomiting blood, & RxOD; EGD was normal; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, & RxOD; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, & RxOD; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT

Gastroenterology Disapproval
74150 CT ABDOMEN WITHOUT CONTRAST
Radiology Services Denied
Not Medically Necessary

unknown; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; It is not known if there is a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Yes this is a request for a Diagnostic CT

Gastroenterology Disapproval
74150 CT ABDOMEN WITHOUT CONTRAST
Radiology Services Denied
Not Medically Necessary

unknown; This study is being ordered for a neurological disorder.; 01/01/2008; There has been treatment or conservative therapy.; abd pain; nausea and vomiting; pancreatitis; multi ercp; meds.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Gastroenterology Disapproval
74150 CT ABDOMEN WITHOUT CONTRAST
Radiology Services Denied
Not Medically Necessary

This is a request for CT Angiography of the Abdomen and Pelvis.

Gastroenterology Disapproval
74150 CT ABDOMEN WITHOUT CONTRAST
Radiology Services Denied
Not Medically Necessary

Yes, this is a request for CT Angiography of the abdomen.

Gastroenterology Disapproval
74150 CT ABDOMEN WITHOUT CONTRAST
Radiology Services Denied
Not Medically Necessary

Yes, this is a request for a Diagnostic CT.
This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT

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Pt having abdominal pain, nausea and vomiting r/o diverticulitis or other infection; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylsae or lipase lab test.; Yes this is a request for a Diagnostic CT
This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT.

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This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT.
This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT.

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This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT.

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<p>| Gastroenterology | Disapproval | 74176 CT ABD &amp; PELVIS W/O CONTRAST | Radiology Services Denied | Not Medically Necessary |
|-----------------|-------------|-----------------------------------|--------------------------|------------------------|------------------------|--------------------------|
| This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT | 2 |
| This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT | 11 |
| This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT | 1 |
| This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT | 1 |
| This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a Kidney/Renal cyst(s); Yes this is a request for a Diagnostic CT | 1 |
| This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; It is unknown if the patient have an endoscopy.; Yes this is a request for a Diagnostic CT | 1 |
| This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT | 2 |
| This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT | 6 |
| This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT | 1 |</p>
<table>
<thead>
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<th>Source</th>
<th>Code</th>
<th>Reason</th>
<th>Results</th>
<th>New Request?</th>
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<td>Gastroenterology</td>
<td>74176 CT ABD &amp; PELVIS</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT 1</td>
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This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; ;"The patient has had an abdominal ultrasound, CT, or MR study.; ;The finding does slightly persistent on delayed imaging and would favor hemangioma. However, a second enhancing mass is identified measuring 2.5 x 2.1 cm in the medial segment of the left lobe of the liver near the falciform ligament and base of the h

This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Family history of pancreatic cancer, RUQ pain, Reason for Study: acute gastritis without hemorrhage, 1. followup endoscopy, 55 yo originally seen at NHE for GERD & oD; Patient s/p EGD 7/2017 with reactive gastropathy on biopsy & oD; She was started on Protonix

This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; MR Enterography being ordered for further evaluation of small bowel due to abnormality seen on small bowel follow through xray.

This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Patient had prior abdominal ultrasound that showed dilated common bile duct 13mm. Ordering MRI to check for obstruction or lesion.

This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Pt suffers with heartburn, mild tenderness over normal size liver.

This is a request for a MR Angiogram of the abdomen. &lt;Enter answer here - or Type In Unknown If No Info Given. &gt; It is not known if this patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; This patient has undergone an attempted but incomplete conventional colonoscopy.; The member had colon screening studies completed prior to this request.

This is a request for CT Colonoscopy for screening purposes only. Patient currently being evaluated to be listed for a liver transplant. Testing is to evaluate for cardiac abnormalities.; This is a request for a CT scan for evaluation of coronary calcification.

This is a request for a CT scan for evaluation of coronary calcification.
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Approval/Disapproval</th>
<th>Notes</th>
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<tbody>
<tr>
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<tr>
<td>General/Family Practice</td>
<td>Approval</td>
<td>70336 MRI TEMPROMANDIBULAR JOINT, TMJ, JAW JOINT</td>
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<td>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Infection or Inflammation; This is NOT a Medicare member.</td>
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<td>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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This study is being ordered for trauma or injury.; 10/22/17; It is not known if there has been any treatment or conservative therapy.; facial bruising and pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is not described as a “thunderclap” or the worst headache of the patient’s life.; The patient does not have a recent onset (within the last 4 weeks) of neurologic symptoms.

This is a request for a brain/head CT.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. 1

This is a request for a brain/head CT.; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell’s palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures. 1

This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern. 1

There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness.; This study is being requested for a headache.

This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures. 1

This study is being ordered for trauma or injury.; 10/07/2017; There has been treatment or conservative therapy.; CONFUSION, VERTIGO, PARASTHESIA, ABRASION RUE; PATIENT IS BEING TREATED BY WOUND CARE, BEING TREATED BY OCCUPATIONAL THERAPY AND SCHEDULED APPOINTMENT WITH ORTHOPEDIC; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
change in sensation of the skin; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.

complaint of headache numbness tingling difficulty speaking 4 days, neck pain fall 4 weeks ago hit head ,neck and lower back pain,left hand and leg numbness; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

right side facial numbness, right side jaw pain, right visual disturbance, right side headache; this all began after having dental work done this month, she returned to dentist with her complaints since the work was done on a molar on the rig; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.

CONCUSSION HEADACHE FEVER FORGETFULNESS WORSENSING,NOW WITH NAUSEA; This study is being ordered for trauma or injury.; 11/12/2017; There has been treatment or conservative therapy.; HEADACHE, SENSITIVE TO LIGHT AND SOUND/DELAYED RESPONSE.COLD CHILLS AND FEVER 101,FORGETFUL,FELT LIKE SHE WAS GOING TO BLACK OUT; VISIT TO ER FOR STITCHES AND OVER LEFT EYEBROW WAS HIT IN HEAD WITH A SHOVEL.STARTED CLINDAMYCIN 11/12/17; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

daily headaches. headaches at top of head. pain dull and aching. double vision, nausea and vomiting. history of brain injury and CVA from motor vehicle accident.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.

follow-up from Med Express for possible Thrush. I treated her on 12/13/17 with Nystatin. Then 3 days later she went to NW for severe headache. She got rx for Duke's mouthwash. Toradol tab for her HA.BfxK0D; When she was in Med Express, the MD scraped her palate; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

had a headache since auto accident about a week ago; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.

had migraine 4 times in past month or so and loss of vision each time; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.

Headache x about 4 weeks. Worse the last 2-3 weeks. Patient with dizziness, confusion. Feels like his brain is not connecting with his feet.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.

headache; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.
headaches almost daily, family hx of aneurysm; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.

history of head trauma&h00D; increasing frequency of headaches&h00D; headaches not responding to treatment; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.

history of migraine headache not responding to prophylactic treatment; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.

mental status; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.

Neurologic: Gait and Station: able to tandem walk, toe walk and regular, unable to heel walk. Cranial Nerves: grossly intact. Sensation: grossly intact. Reflexes: DTRs 2+ bilaterally throughout. Coordination and Cerebellum: finger-to-nose intact; tremor w;

This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications

new on set left side facial paralysis; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.

New onset of seizures; This is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern. Patient had a recent fall on 12/18/2017 has a contusion to the scalp and has a long term use of being on a anticoagulant; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.

patient has an injury resulting in paresthesia to arms; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. Patient has been seen at multiple visits for chronic headaches and dizziness. He has received toradol injections, meclizine, naproxen, flexeril all without benefit; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.

PATIENT IS HAVING MIGRAINE HEADACHES. THE PATIENT HAS 2-3 MIGRAINES A WEEK, BUT THIS ONE HAS LASTED FOR 5 DAYS. THE PATIENT HAS MIGRAINE HEADACHE WITH NAUSEA, VOMITING, SENSITIVITY TO LIGHT AND SOUND AND IS UNABLE TO FUNCTION. PATIENT ALSO HAS TIGHTNESS T; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is not described as a “thunderclap” or the worst headache of the patient’s life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.

Patient is having migraines with nausea and vomiting; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.
Patient is only 43 years old and is experiencing chronic dizziness, vertigo, decreased visual activity, and sudden onset of headaches; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.

Patient reports passing out a few days ago and woke up on the ground with a saw in his hand. Pt. got a headache last night and a sharp pain to his head. Pt. does have a knot to the back of his head.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is not known if the headache is described as a “thunderclap” or the worst headache of the patient’s life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.

Positive for dizziness, weakness, light-headedness and headaches Positive for blurred vision and visual disturbance. Positive for nausea. Negative for abdominal pain, constipation, diarrhea and vomiting; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.

pt c/o constant headache for 5 days in frontal and retro orbital area. He describes pain as shooting. Recent head injury; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.

Pt says are getting worse, no improvement.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.

Pt. c/o vision disturbance and has history of traumatic head injury; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications

pt's headaches have worsened recently and otc medication is no longer as effective, has had a headache that has been waking her up at night Sh ehah a headache most days.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.

Pt's trunk of car came down on her head and now has severe headache, dizziness, and confusion; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.

R/O jaw fracture; This study is being ordered for trauma or injury.; 10/22/2017; There has not been any treatment or conservative therapy.; pain, headaches, swollen lymph nodes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

SEIZURES; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.
sudden onset HA with visible abscess to left jaw and facial area; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. The accident occurred less than 1 hour ago. The fall occurred from a ladder. He fell from a height of 3 to 5 ft. He landed on dirt. The point of impact was the head (bilateral chest). The pain is present in the head (bilateral chest). The pain is moderate; This study is being ordered for trauma or injury.; 12/06/17; There has not been any treatment or conservative therapy.; The point of impact was the head (bilateral chest). The pain is present in the head (bilateral chest). The pain is moderate. He was ambulatory at the scene. There was no entrapment after the fall. There was no drug use involved in the accident. There was.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

The fatigue has been a problem for 1 1/2 weeks; The severity of the fatigue is moderate;

The character of the fatigue is feeling tired pt s/o at night when he sits down he feels the worst, muscles ache, overall feeling of tiredness.; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack) with onset of symptoms less than 48 hours ago.; It is unknown why an MRI is not being considered; This is NOT a Medicare member.

The study is to rule out TIA; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient Ischemic Attack) with onset of symptoms less than 48 hours ago.; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered; This is NOT a Medicare member.; This is a request for a brain/head CT.; “There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness.”; This study is being requested for a recent head trauma or injury.

This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test. This is NOT a Medicare member.

This is a request for a brain/head CT.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.

This is a request for a brain/head CT.; Known or suspected infection best describes the reason that I have requested this test. This is NOT a Medicare member.

This is a request for a brain/head CT.; Known or suspected inflammatory disease best describes the reason that I have requested this test.

This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.

This is a request for a brain/head CT.; New onset of seizures or newly identified change in seizure activity or pattern best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.
This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.

This is a request for a brain/head CT.; 'None of the above' describes the headache's character.; Headache best describes the reason that I have requested this test.

This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.

This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.

This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.

This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.

This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.

This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.

This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient is NOT able to have a Brain MRI for evaluation of these symptoms.

This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The study is being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient is NOT able to have a Brain MRI for evaluation of these symptoms.

This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.

This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.

This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.
This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.

This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for evaluation of known tumor.

This is a request for a brain/head CT.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer.

This is a request for a brain/head CT.; There is a recent onset of neurologic symptoms.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."

This is a request for a brain/head CT.; There is not a suspect or known brain tumor.

This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."

This is a request for a brain/head CT.; This study is being requested for evaluation of known tumor.

This is a request for a brain/head CT.; This study is being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.

This is a request for a brain/head CT.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer.

This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."

This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."

Unknown; This is a request for a brain/head CT.; This study is being ordered for known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/27/17; There has been treatment or conservative therapy.; Patient has confusion; Patient has started taking antibiotics; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBC, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

worst headache of life. Not responding to medications, very unsteady-gait, exposed to viral meningitis, nausea, pain into neck increasing in intensity. &x0D; R/O: CVA/TIA; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.

"This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT. 239.8";

"There is suspicion of bone infection, cholesteatoma, or inflammatory disease. ostct"

"This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT. 239.8";

"There is suspicion of bone infection, cholesteatoma, or inflammatory disease. ostct"; Yes this is a request for a Diagnostic CT.
This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease. It is not known if there has been any treatment or conservative therapy. One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This request is for face, jaw, mandible CT.239.8; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT.

This request is for face, jaw, mandible CT.239.8; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT.

This request is for face, jaw, mandible CT.239.8; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT.

This request is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT.

This request is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/29/17; There has been treatment or conservative therapy.; cyst, trouble swallowing, nasal congestion, nasal pressure; medications, and antibiotics; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This request is being ordered for trauma or injury.; 10/22/17; It is not known if there has been any treatment or conservative therapy.; facial bruising and pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Patient has been seen 6 times since initial onset and has never fully gotten relief; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; New patient to us, 2016 at least. Flare up over the last 2 weeks.; There has been treatment or conservative therapy.; headache and sinus pressure.&$\times$0D; New paresthesias., Zpak&$\times$0D; Prednisone&$\times$0D; Maxalt&$\times$0D; Albuterol&$\times$0D; Topomax&$\times$0D; Zithromax&$\times$0D; Clindamycin&$\times$0D; Nasal Steroid; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

CONCUSSION HEADACHE FEVER FORGETFULNESS WORSENSING, NOW WITH NAUSEA; This study is being ordered for trauma or injury.; 11/12/2017; There has been treatment or conservative therapy.; HEADACHE, SENSITIVE TO LIGHT AND SOUND, DELAYED RESPONSE. COLD CHILLS AND FEVER 101, FORGETFUL, FELT LIKE SHE WAS GOING TO BLACK OUT; VISIT TO ER FOR STITCHES AND OVER LEFT EYEBROW WAS HIT IN HEAD WITH A SHOVEL. STARTED CLINDAMYCIN 11/12/17; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Patient has been seen 6 times since initial onset and has never fully gotten relief; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/05/17; There has been treatment or conservative therapy.; Dizzy, Headaches, light headed, pressure; Medrol dose pack, decadron shot, augmentin, zyrtex D, cleocin, prednisone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Patient has recurrent sinusitis; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient’s current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis [4 or more acute episodes per year]; Yes this is a request for a Diagnostic CT.

R/O jaw fracture; This study is being ordered for trauma or injury.; 10/22/2017; There has not been any treatment or conservative therapy.; pain, headaches, swollen lymph nodes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Recurrent pansinusitis; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient’s current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT

This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT

This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT

This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient’s current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT

This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient’s current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset; Yes this is a request for a Diagnostic CT

This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient’s current rhinosinusitis symptoms are unknown.; Yes this is a request for a Diagnostic CT

This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT

This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient’s current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT

This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient’s current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset; Yes this is a request for a Diagnostic CT
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<th>Practice</th>
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<tbody>
<tr>
<td>General/Family Practice</td>
<td>Approval</td>
<td>70486 CT SINUS, FACE, JAW, MANDIBLE, MA</td>
<td>This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset AND the patient improved, then worsened; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT</td>
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<tr>
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<td>Approval</td>
<td>XILLOFACIAL NO CONTRAST</td>
<td>This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>General/Family Practice</td>
<td>Approval</td>
<td>XILLOFACIAL NO CONTRAST</td>
<td>This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>General/Family Practice</td>
<td>Approval</td>
<td>XILLOFACIAL NO CONTRAST</td>
<td>This study is being ordered for follow-up to trauma.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT</td>
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<td>General/Family Practice</td>
<td>Approval</td>
<td>70486 CT SINUS, FACE, JAW, MANDIBLE, MA</td>
<td>This study is being ordered for trauma., The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>General/Family Practice</td>
<td>Approval</td>
<td>70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given.&gt; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/29/17; There has been treatment or conservative therapy.; cyst, trouble swallowing, nasal congestion, nasal pressure; medications, and antibiotics; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCD, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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</table>
General/Family Practice Approval
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

This is a request for neck soft tissue CT.; The patient has NOT been diagnosed with cancer.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was done.; Yes this is a request for a Diagnostic CT
abnormal exam and radiological finding.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; It is unknown if the lump got smaller.; Yes this is a request for a Diagnostic CT
enlarged anterior cervical chain lymph nodes on R; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; It is not known if the neck mass has been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT
Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
follow-up from Med Express for possible Thrush. I treated her on 12/13/17 with Nystatin. Then 3 days later she went to NW for severe headache. She got rx for Duke's mouthwash. Toradol tab for her HA.&lt;#i00;&lt;/i&gt;D; When she was in Med Express, the MD scraped her palate; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

General/Family Practice Approval
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
hyperthyroidism; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT
Localized swelling, mass and lump, neck; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT

General/Family Practice Approval
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
mass in neck 3-4cm; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT

General/Family Practice Approval
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST

None; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT

General/Family Practice Approval
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
Patient states that she feels pressure/mass in her throat.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT
This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT

Pt had ultrasound for her Carotids and a mass was found. They recommend a Ct to evaluate. Report attached.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT

Pt. has bad sore throat and swelling in the back of the throat and neck and patient was seen in ER and was given clindamycin, which hasn't helped with the swelling and patient has been having chills and fever. concern for abscess and patient has been havi; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT

Still has mass under jaw after completing round of antibiotics; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT

This is a request for neck soft tissue CT.; It is unknown if there has been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; It is unknown if there is a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT

This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; It is unknown if there is a suggestion of the neck.; It is unknown if there is a suggestion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT

This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; It is unknown if there is a suggestion of the neck.; It is unknown if there is a suggestion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT

This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.; Yes this is a request for a Diagnostic CT
This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT.

ULTRASOUND DONE AND WAS INDERTIMMENT, RECOMMENDED CT LYMPH NODE GREATER THAN A CM AND HAS BEEN PRESENT FOR MORE THAN A YEAR. DID NOT IMPROVE WITH ABT TREATMENT.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT.

Pulsatile tinnitus; worst headache of life; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/20/17.; There has not been any treatment or conservative therapy.; Pulsatile tinnitus; worst headache of life; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Patient symptoms are pointing to a TIA and Dr. is wanting to rule this out and see what is causing the episodes. Patient has a history of Left vertebral artery dissection and Transient alteration of awareness that seems to all be getting worse. The study; This study is being ordered for Vascular Disease.; 4-11-2017 was onset but patient having increase episodes.; There has been treatment or conservative therapy.; Patient presents to the clinic today for evaluation of black out spells. Patient is not accompanied by anyone today. Patient reports that on February 15 until 17 she went to the dentist. Patient reports that she was getting her teeth cleaned she turned he; Medication Coumadin, Gabapentin, Potassium Chloride, Hm Magnesium. being monitored close.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Unknown; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT.

Patient symptoms are pointing to a TIA and Dr. is wanting to rule this out and see what is causing the episodes. Patient has a history of Left vertebral artery dissection and Transient alteration of awareness that seems to all be getting worse. The study; This study is being ordered for Vascular Disease.; 4-11-2017 was onset but patient having increase episodes.; There has been treatment or conservative therapy.; Patient presents to the clinic today for evaluation of black out spells. Patient is not accompanied by anyone today. Patient reports that on February 15 until 17 she went to the dentist. Patient reports that she was getting her teeth cleaned she turned he; Medication Coumadin, Gabapentin, Potassium Chloride, Hm Magnesium. being monitored close.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

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<td>HEAD W/CONTRAST/NONCONTRAST</td>
<td>Approval: General/Family Practice&lt;br&gt;MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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<td>70498 CT ANGIOGRAPHY</td>
<td>NECK W/CONTRAST/NONCONTRAST</td>
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Pulsatile tinnitus; worst headache of life; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/20/17; There has not been any treatment or conservative therapy.; Pulsatile tinnitus; worst headache of life; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Yes, this is a request for CT Angiography of the Neck.

"This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of infection or abscess.

"This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass.

"This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for trauma or injury of the orbit, face or neck soft tissue.

There is a suspicion of an infection or abscess.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/11/2017; There has been treatment or conservative therapy.; PROGRESSIVELY WORSENING HEADACHE FOR 2 WEEKS IN TOP OF HEAD AND BACK OF NECK WITH NAUSEA AND VOMITTING. PATIENT'S MOTHER HAS HISTORY OF CEREBRAL ANEURYSM.; PATIENT HAS TRIED TYLENOL AND MOTRIN WITH NO RELIEF.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
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<td>Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>decreased alertness; This study is being ordered for a neurological disorder.; 10/30/17; There has not been any treatment or conservative therapy.; tia symptoms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>Patient has been having blurred vision, memory loss, syncopal episode, Had a carotid Duplex that was abnormal, it showed increased vertebral art velocity.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA. Patient has chronic hypertension, and is a candidate for CVA incident.; This study is being ordered for trauma or injury.; 9/19/2017; There has been treatment or conservative therapy.; Headache, dizziness, elevated blood pressure, nausea and vomiting; Patient was hospitalized for the possibility of a stroke.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>There is an immediate family history of aneurysm.; This is a request for a Brain MRA. There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA. There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA. There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA. This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; &quot;There is not a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness.&quot;; This patient does not have an abnormal ultrasound of the neck.</td>
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### General/Family Practice Approval

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unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/28/17; There has been treatment or conservative therapy.; came in complaining of intractable headache, elevated blood pressure, blurred vision; Placed in observation in hospital, pt was with blood pressure meds, neuro checks, pain meds, additional blood pressure medicine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

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worsening headaches with mental status changes, multiple personality disorders.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA. Patient has chronic hypertension, and is a candidate for CVA incident.; This study is being ordered for trauma or injury.; 9/19/2017; There has been treatment or conservative therapy.; Headache, dizziness, elevated blood pressure, nausea and vomiting; Patient was hospitalized for the possibility of a stroke.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

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<td>Mr angiography neck w/o dye</td>
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The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is not a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This is a request for a Neck MR Angiography.; The patient has had an abnormal ultrasound of the neck. This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is not a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This patient does not have an abnormal ultrasound of the neck.

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This is a request for a Neck MR Angiography.; The patient had an ultrasound (doppler) of the neck or carotid arteries.; The ultrasound showed stenosis (narrowing) of the artery.

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One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

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&amp; Enter answer here - or Type In Unknown If No Info Given. &amp;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

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&amp; Enter answer here - or Type In Unknown If No Info Given. &amp;; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.
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<tr>
<td>This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.</td>
<td>3</td>
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<tr>
<td>This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</td>
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<td>This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</td>
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<td>This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</td>
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<td>This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</td>
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<tr>
<td>This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if the headache is described as a “thunderclap” or the worst headache of the patient’s life.</td>
<td>1</td>
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<tr>
<td>This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is not described as a “thunderclap” or the worst headache of the patient’s life.</td>
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This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden, chronic or recurring or a thunderclap headache.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.
General/Family Practice Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/anerysm, infection/inflammation, multiple sclerosis, or seizures.; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are not recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; Surgery is not planned within the next 4 weeks.; An operation for shunt placement (for brain fluid drainage) is not being considered or a non-metallic shunt is not functioning correctly.; The patient has a congenital abnormality. 1

General/Family Practice Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis.; The patient has not undergone treatment for multiple sclerosis.; It is not known if there are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects. 1

General/Family Practice Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor.; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma. 1

General/Family Practice Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered. 1

General/Family Practice Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; It is unknown why this study is being ordered. 1

General/Family Practice Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; It is unknown if there has there been a change in seizure pattern or a new seizure.; This is not a new patient. 1

General/Family Practice Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

General/Family Practice Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1
General/Family Practice 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 10/9/2017; There has been treatment or conservative therapy.; neck pain, numbness in left arm, drops things with left hand.; EMG and PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

1

General/Family Practice 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 2017; There has been treatment or conservative therapy.; TINGLING NUMBNESS PAIN; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

1

General/Family Practice 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 9/1/17; There has been treatment or conservative therapy.; Dizziness, nasal pressure; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

1

General/Family Practice 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &It; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &It; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

3

General/Family Practice 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/6/17; There has not been any treatment or conservative therapy.; numbness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

1

General/Family Practice 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &It; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &It; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

1

General/Family Practice 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; &It; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &It; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

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General/Family Practice 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 10/25/2017; There has not been any treatment or conservative therapy.; headaches dizziness pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematology/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

1

General/Family Practice 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 10/25/2017; There has not been any treatment or conservative therapy.; headaches dizziness pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

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General/Family Practice 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 10/25/2017; There has not been any treatment or conservative therapy.; headaches dizziness pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

1
This study is being ordered for trauma or injury.; 11/17/2017; There has been treatment or conservative therapy.; numbness in legs, headache, neck pain; medication, rest, walking, heat; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRI, PET Scan, or Unlisted CT/MRI.; The ordering MD specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing fatigue or malaise.
General/Family Practice Approval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo. 3

General/Family Practice Approval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are not new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head occurred more than 1 week ago. 1

General/Family Practice Approval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are not intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects. 1

General/Family Practice Approval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered. 2

General/Family Practice Approval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/11/2017; There has been treatment or conservative therapy.; PROGRESSIVELY WORSENING HEADACHE FOR 2 WEEKS IN TOP OF HEAD AND BACK OF NECK WITH NAUSEA AND VOMITTING. PATIENT'S MOTHER HAS HISTORY OF CEREBRAL ANEURYSM.; PATIENT HAS TRIED TYLENOL AND MOTRIN WITH NO RELIEF.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

General/Family Practice Approval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; headaches for 20 days with vomiting x 10 days.; There has been treatment or conservative therapy.; headaches with vomiting; patient has tried OTC medications such as Excedrin, advil, Dayquil and Zofran with no relief.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

General/Family Practice Approval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

3-4 migraines per month. Interferes with work, sleep and household activities. Causes nausea, decreased concentration, blurry vision. Recently passed out at work after being dizzy and day three of a headache.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache. 1

General/Family Practice Approval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

61 yr old female had a fall; hit her head on floor; lost consciousness.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are not new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head was between 24 hours and 1 week ago. 1
abnormal elevated prolactin, low testosterone, and fatigue; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing fatigue or malaise.

chronic headache not improved by medication; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Chronic kidney disease, history of reno cancer; This study is being ordered for a neurological disorder.; September 2 2017; There has been treatment or conservative therapy.; headache, neck pain, pain in the back of head that radiates down arms, dizzy and blurred vision; Medication and home therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRI, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

decreased alertness; This study is being ordered for a neurological disorder.; 10/30/17; There has not been any treatment or conservative therapy.; tia symptoms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Face, arms & hands numbness & tingling a couple of time a day, drools on the right side of mouth.; This study is being ordered for a neurological disorder.; 2 months ago for the headaches unknown for the radiculopathy; There has been treatment or conservative therapy.; The pt has daily headaches.; Medicine for headache – Trimadol, tried PT but worst than pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Facial Paresthesia, smells something like amonia in her nose constantly; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; A metabolic work up was not done including urinalysis, electrolytes and complete blood count with results completed.; The patient is experiencing loss of smell.

Fainting and headaches.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).; FAX; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell’s palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.
General/Family Practice Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST has headaches all of the time and they are making her sick; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

General/Family Practice Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST having consistent chronic headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

General/Family Practice Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST Head injury 2014, went to ER, CT report; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Headache with visual disturbance; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.

General/Family Practice Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST INCREASING HEAD ACH E – EXCRUCIATING- WORRIED ABOUT INTARA CRANIAL NEOPLASM /CRERBRAL ANEURYSM; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

General/Family Practice Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST Headache with visual disturbance; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.

General/Family Practice Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST left leg sensory and motor deficit and gait ataxia and generalized weakness; diff dx NPH vs MS vs CIDP; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; It is unknown why this study is being ordered.

General/Family Practice Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST left sided weakness; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing vertigo.
LOCATION IS PRIMARILY LEFT TEMPORAL. PAIN RADIATES TO THE LEFT TEMPORAL. FREQUENCY IS TYPICALLY EVERY FEW WEEKS. CHARACTERIZES AS SEVER, THROBBING, SHARP, AND KNIFE-LIKE.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).; Loss of hearing - left ear; failed hearing test, chronic headache all of a sudden; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

memory loss with history of stroke; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are not recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).; Migraine and tension headache. Patients is on Amitriptyline Hydrochloride, Sumatriptan Succinate, and Fioricet for her Migraines.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

migraines; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The MRI was done and it showed a brain nodule, radiology recommended and MRI to further characterize this lesion.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.

n/a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/19/2017; There has been treatment or conservative therapy.; right side weakness, dizziness, blurred vision; medication, Therapy at home; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

neck pain, blurred vision, headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.
Neurosurgeon Dr. Armstrong recommended a head CT just to be sure there was not some kind of rare frontal lobe issue causing her bladder symptoms. She has intermittent urinary incontinence and a constant feeling of bladder fullness.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.

Patient had previous abnormal MRI and has continued to have headache and visual disturbance since the birth of her child.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

Patient has been on medication but has been having more frequent headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Patient has a shunt in her head that has not been checked for years. She will need this MRI Brain before she can be seen by a Neurologist.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

Patient has chronic hypertension, and is a candidate for CVA incident.; This study is being ordered for trauma or injury.; 9/19/2017; There has been treatment or conservative therapy.; Headache, dizziness, elevated blood pressure, nausea and vomiting; Patient was hospitalized for the possibility of a stroke.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
patient has elevated prolactin level, need to eval pituitary gland.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/anerysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

patient has memory loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/anerysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

patient has slightly slurred speech, answers questions appropriately with yes and no answers. Mental status change.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/anerysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

Patient here c/o was in a car wreck saturday before last, and she did not go to the ER. but is c/o nose is num painful to breathe. having headaches. she does have a black eye to the left eye. stated that she did not go to ER due to she did not have pain; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; It is not known if there is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation) (parent, sibling, or child of the patient) of stroke, aneurysm, or AVM (arteriovenous malformation).

Patient hit in the head with a baseball, knocked her out and she was hospitalized with cerebral concussion; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).
Patient is experiencing positional tremors. When he moves his head or torso forward, his head and arms shake.; This request is for a Brain MRI; The study is not being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

Patient is having visual changes along with headache and syncope; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.

Patient presents with post MVA head trauma with retractable headache associated with nausea and vomiting.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.

Patient suffered a stroke on 11/4/2017; This study is being ordered for a neurological disorder.; 11/4/2017; There has been treatment or conservative therapy.; presented with migranes after being found unable to speak and RUE weakness, Left MCA ischemis stroke, appears embolic; 11/6/2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Patient suffered head injury which caused recurring migraine headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

Patient with daily severe headaches. Top and back head. started in July.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).
Patient's mother has a history of migraines and Aneurysm; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

Pt c/o bad migraines. pt states his migraines are getting worse. CHRONIC SEVERE HEADACHES; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Pt had abnormal MRI; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

pt had abnormal MRI; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.

PT IS NOW EXPERIENCING VISION LOSS IN RIGHT SIDE AND BELL'S PALSY ON THE LEFT SIDE OF HIS FACE NOW; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has Bell's Palsy.; It is unknown why this study is being ordered.

Pt presents with chronic headache with a sudden change in severity, associated with exertion, or a mental status change.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.
Pt said that she had had headache and dizziness and pressure. She is having chest pains has hx of cad feelings are lasting 60-90 seconds and when they happen she can't speak. Looking for suspect TIA; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.

Pt with history of recurrent headaches. Previously on amitriptyline with reasonable results. However, she was excessively drowsy and we changed her from amitriptyline to topamax. She hasn't tolerated the change well. She is c/o nausea and headaches. She i; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

r/o aneurysm ha; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

RS1 Chronic nonintractable headache, unspecified headache type,H93.8x2 Sensation of fullness in left ear
left ear feels cloggec, having headaches &dOd; Headaches and left ear has been clogged for 3 weeks, no pain, no sinus problems. No loss of hearing.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)

Recent C-Spine MRI showed possible mass on the cerebellum; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing fatigue or malaise.

recurring headache, nausea and dizziness; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

Reoccurring severe headache. Stuttering and blurred vision Family history of brain cancer; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Requesting Cervical spine MRI, thoracic spine MRI, and brain MRI &dOd; for syrinx of the spinal cord, weakness.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
REQUESTING MRI D/T: Headache: The headache began days ago, and lasted days. The character of the pain is burning. Overall condition is stable. Patient states that on. The request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation) of stroke, aneurysm, or AVM (arteriovenous malformation).

She fell off her desk on 11-1-17 while trying to hang a picture. She landed on her back and hit her ribs and head. She went to the ER where she had a rib x-ray that was negative. A CT of her head showed a 14 mm calcified area in the right lateral ventricle. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo. She has numbness in the feet, vague tingling symptoms and pains in the hands etc. &x003; She has had this for a while. Apparently she has a family history of MS but not in her parents or siblings. She is very concerned about this.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; It is not known if there are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.

She states this started at work when she was standing to help a customer at the bank. She had to sit down because she felt faint and had the HA. Since then, she has felt “faint” on a couple of other occasions; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is not described as a “thunderclap” or the worst headache of the patient’s life.

Sudden Severe Migraine with Syncope; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient has a recent onset (within the last 3 months) of neurologic symptoms.

The Patient has headaches 2-3 times a week sometimes pulsating, sometimes dull ache across forehead. No vomiting but does have nausea, light/sound sensitivity, visual disturbances such as flashes of light.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.
This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.

This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.

This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures.; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.

This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.
This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a “thunderclap” or the worst headache of the patient’s life.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or the worst headache of the patient’s life (within the last 3 months).

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has the inability to speak.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation); Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The patient has Bell’s Palsy.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell’s Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.
This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing fatigue or malaise.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing vertigo.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.
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<th>General/Family Practice</th>
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<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient did not have a normal audiogram.; The patient is experiencing hearing loss.</td>
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<tr>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; The patient has a congenital abnormality.</td>
</tr>
<tr>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; The patient has a congenital abnormality.</td>
</tr>
<tr>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.</td>
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<tr>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; The doctor notes on exam that the patient has delirium or acute altered mental status.; This is NOT a Medicare member.</td>
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<tr>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient has a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; This is NOT a Medicare member.</td>
</tr>
<tr>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.</td>
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<tr>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has undergone treatment for multiple sclerosis.</td>
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<tr>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal.</td>
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<tr>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.</td>
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<tr>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.</td>
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This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.; This is NOT a Medicare member.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has been a recent assessment of the patient’s visual acuity.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; request for evaluation of tumor; The patient has new symptoms.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has new symptoms.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has been a recent assessment of the patient’s visual acuity.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include something other than worsening Parkinson symptoms, dizziness, vision changes, one sided arm or leg weakness, or the inability to speak.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.
General/Family Practice Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST trigeminal neuralgia, worsening headaches, & x0D; left side facial pain, neck pain, & x0D; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

General/Family Practice Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST trying to rule out tumor and brain mass, patient has personality change, memory loss & x0D; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache & x0D; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type & x0D; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects & x0D; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications & x0D; The tumor is not a pituitary tumor or pituitary adenoma.

General/Family Practice Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache & x0D; The headache is described as sudden and severe & x0D; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects & x0D; There is a new and sudden onset of a headache less than 1 week not improved by medications & x0D; The headache is not described as a “thunderclap” or the worst headache of the patient’s life.

General/Family Practice Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache & x0D; The headache is described as sudden and severe & x0D; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects & x0D; It is not known if there is a new and sudden onset of a headache less than 1 week not improved by medications & x0D; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation).

General/Family Practice Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache & x0D; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes & x0D; The patient does not have HIV or cancer & x0D; The patient had a recent onset (within the last 3 months) of neurologic symptoms.

General/Family Practice Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST Unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache & x0D; The patient has a chronic or recurring headache.

General/Family Practice Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache & x0D; This headache is not described as sudden, severe or chronic recurring & x0D; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change & x0D; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects & x0D; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).
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<th>General/Family Practice</th>
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<th>Description</th>
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<td></td>
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<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>Vision changes, memory loss; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.</td>
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<td>71250 CT CHEST, THORAX</td>
<td>&quot;The ordering physician is a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient.&quot;; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT</td>
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<td>71250 CT CHEST, THORAX</td>
<td>&quot;There is evidence of a lung, mediastinal or chest mass noted within the last 30 days.&quot;; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT</td>
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<td>71250 CT CHEST, THORAX</td>
<td>&quot;There is evidence of a lung, mediastinal or chest mass noted within the last 30 days.&quot;; They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT</td>
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<td>71250 CT CHEST, THORAX</td>
<td>&lt;Enter answer here ‐ or Type In Unknown If No Info Given. &gt;; &quot;There is evidence of a lung, mediastinal or chest mass noted within the last 30 days.&quot;; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT</td>
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<td>71250 CT CHEST, THORAX</td>
<td>&lt;Enter answer here ‐ or Type In Unknown If No Info Given. &gt;; &quot;There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.&quot;; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT</td>
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<td>71250 CT CHEST, THORAX</td>
<td>&lt;Enter answer here ‐ or Type In Unknown If No Info Given. &gt;; &quot;There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.&quot;; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT</td>
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<td>71250 CT CHEST, THORAX</td>
<td>A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT</td>
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<td>71250 CT CHEST, THORAX</td>
<td>&lt;Enter answer here ‐ or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>71250 CT CHEST, THORAX</td>
<td>&lt;Enter answer here ‐ or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; &lt;Enter date of initial onset here ‐ or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt;Describe primary symptoms here ‐ or Type In Unknown If No Info Given &gt;; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2017; There has been treatment or conservative therapy.; neck pain, ABD pain, joint pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/2016; There has been treatment or conservative therapy.; FLANK PAIN ON RIGHT SIDE, COSTOCHONDRITIS IN STERNUM; ANTIINFLAMMATORY MEDS;

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for vascular disease.; 1992; There has been treatment or conservative therapy.; &lt;Describe primary symptoms here - or Type In Unknown If No Info Given&gt;.; compression, surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT.

This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT.

This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT.

This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT.

One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. 1
There is no radiologic evidence of asbestosis; there is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection; there is no radiologic evidence of a lung abscess or empyema; there is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis; there is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed; a chest/thorax CT is being ordered; this study is being ordered for known or suspected inflammatory disease or pneumonia; yes this is a request for a diagnostic CT; this study is being ordered for a metastatic disease; there are 2 exams being ordered; one of the studies being ordered is NOT a breast MRI, CT Colonoscopy, EBCT, MRS, PET scan, or Unlisted CT/MRI; the ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; this study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; there has been treatment or conservative therapy; one of the studies being ordered is NOT a breast MRI, CT Colonoscopy, EBCT, MRS, PET scan, or Unlisted CT/MRI; the ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; this study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 10/18/2017; there has been treatment or conservative therapy; cystic prominent left sided retrocrural nodal lesion with adjacent probable small periarterial nodes on MRI; activity modification, nsaid; one of the studies being ordered is NOT a breast MRI, CT Colonoscopy, EBCT, MRS, PET scan, or Unlisted CT/MRI; the ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; this study is being ordered for 1 year follow up for pulmonary fusion and nodule; a chest/thorax CT is being ordered; the study is being ordered for none of the above; this study is being ordered for none of the above; yes this is a request for a diagnostic CT; 56 yo female smoker noted to have chronic cough &amp; SOB. CXR on 12/13/17 was negative. Please evaluate further for lung disease; a chest/thorax CT is being ordered; the study is being ordered for none of the above; yes this is a request for a diagnostic CT; 6 MM NODULE ON CXR 11/8/17; “There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.”; they had a previous chest x-ray; a chest/thorax CT is being ordered; this study is being ordered for work-up for suspicious mass; yes this is a request for a diagnostic CT; a 109 mm cyst on left kidney. 9mm nodule in right lobe of lung; this study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 1/7/2017; there has not been any treatment or conservative therapy; abnormal CT. Recommended follow up in 6 months; one of the studies being ordered is NOT a breast MRI, CT Colonoscopy, EBCT, MRS, PET scan, or Unlisted CT/MRI; the ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
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<td>A Chest/Thorax CT is being ordered.; The patient had a Chest x-ray in the past 2 weeks.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT</td>
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<td>A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.;</td>
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<td>This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; This patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.;</td>
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<td>A Chest/Thorax CT is being ordered.; This study is being ordered for none of the above.; This study is being ordered for non of the above.;</td>
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<td>A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT</td>
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<td>abnormal chest xray; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT</td>
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<td>abnormal chest xray; nicotine dependent; patient has inflammation to lower lobes; decreased BS on left and right; There is no radiologic evidence of asbestosis.; &quot;There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection.&quot;.; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT</td>
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<td>Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.;  This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT</td>
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<td>Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT</td>
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<td>Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT</td>
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<td>Abnormal xray requires further imaging; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT</td>
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<td>assess lung nodule; &quot;There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.&quot;.; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT</td>
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</table>
Chest pain describes the reason for this request.; Abnormal finding on physical examination was relevant in the diagnosis or suspicion of inflammatory bowel disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT

Chest pain describes the reason for this request.; Abnormal finding on physical examination was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT

Chest pain describes the reason for this request.; Abnormal lab finding was relevant in the diagnosis or suspicion of inflammatory bowel disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT

Chest pain describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema); Yes this is a request for a Diagnostic CT

Chest pain describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema); Yes this is a request for a Diagnostic CT

Chest pain describes the reason for this request.; Another abnormality was relevant in the diagnosis or suspicion of vascular disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT

Chest pain describes the reason for this request.; 'None of the above' led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema); Yes this is a request for a Diagnostic CT

Chest pain describes the reason for this request.; The patient had an abnormal finding on physical exam related to the suspicion of cancer.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT

Chest pain describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT

Chest pain describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT

Chest pain describes the reason for this request.; This study is being requested for 'none of the above'; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT

Chest pain describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT
The document contains several medical records and requests for diagnostic CT scans. Here is a brief summary of the information:

- **General/Family Practice Approval 71250 CT CHEST, THORAX**
  - Chest x-ray shows abnormal cluster right medial lung area.; There is evidence of a lung, mediastinal or chest mass noted within the last 30 days.; They had a previous chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT.

- **General/Family Practice Approval 71250 CT CHEST, THORAX**
  - Clinic notes will be faxed.; A Chest/Thorax CT is being ordered.; The study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT.

- **General/Family Practice Approval 71250 CT CHEST, THORAX**
  - Enter answer here - or Type In Unknown.
  - INDICATION: Chest wall mass.
  - COMPARISON: Chest 2 views 05/31/12.
  - TECHNIQUE: Serial ultrasound images of palpable mass in the right chest.
  - FINDINGS: Calcified mass with a large amount of shadowing.
  - There is evidence of a lung, mediastinal or chest mass noted within the last 30 days.; It is unknown if they had a previous chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT.

- **General/Family Practice Approval 71250 CT CHEST, THORAX**
  - Follow up on left lower lobe pulmonary nodule.; There is evidence of a lung, mediastinal or chest mass noted within the last 30 days.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT.
He went to the clinic for SOB and coughing up mucous in the morning. He says he is allergic to two different cholesterol medications but he cannot recall the names. He is congested in the mornings. He is still having some breathing problems. 

He recently; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT n/a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/4/2017; There has been treatment or conservative therapy.; On previous ct, a bilateral pulmonary nodule was found and a mass cannot be excluded on right kidney.; Naproxen, moist heat, and easy stretching.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

NEW ONSET DIAGNOSIS OVARIAN CANCER; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. No, the patient was NOT seen by a specialist because of the traumatic injury.; Chest pain describes the reason for this request.; Abnormal imaging (xray) finding was noted on evaluation after the injury.; This is a request for a Chest CT.; This study is being requested for chest injury or trauma within the past 2 weeks.; Yes this is a request for a Diagnostic CT.

'None of the above' describes the reason for this request.; Abnormal imaging (xray) finding was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT.

'None of the above' describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema); Yes this is a request for a Diagnostic CT.

'None of the above' describes the reason for this request.; 'None of the above' led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema); Yes this is a request for a Diagnostic CT.

'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT.
'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT

General/Family Practice Approval 71250 CT CHEST, THORAX

'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT

General/Family Practice Approval 71250 CT CHEST, THORAX

'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT

General/Family Practice Approval 71250 CT CHEST, THORAX

'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT

General/Family Practice Approval 71250 CT CHEST, THORAX

'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT

General/Family Practice Approval 71250 CT CHEST, THORAX

'None of the above' describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT

General/Family Practice Approval 71250 CT CHEST, THORAX

'None of the above' describes the reason for this request.; This is a request for a Diagnostic CT

General/Family Practice Approval 71250 CT CHEST, THORAX

None; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."
; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT
none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; Large Hernia with shortness of breadth.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Other nonspecific abnormal finding of lung field; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT

Patient had a CT 3 months ago that showed lesions on his kidney and lung and it was recommended by the radiologist to have this re-examined in 3 months.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT

Patient had chest x-ray and lymph node was present. Needs further testing.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT

Patient has 2 pack a day habit for greater than 30 years chronic cough some dyspnea upon exertion would like to do a screening.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT

PATIENT HAS A 1CM LUNG NODULE, COUGH FOR 3 MONTHS, COUGHING UP WHITE MUCUS, SHORTNESS OF BREATH, 40 PACK OF CIGARETTE PER YEAR SMOKER. USE OF STEROID INHALER AND UPDRAFT WITH NO RELIEF.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT

Patient has history of carcinoma in situ of anan canal with current use of smoking tobacco, dysphagia, and weight loss.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT
<table>
<thead>
<tr>
<th>Practice</th>
<th>Approval</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>General/Family</td>
<td></td>
<td>71250 CT CHEST, THORAX</td>
<td>Patient has known pulmonary nodule that requires check for stability.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>General/Family</td>
<td></td>
<td>71250 CT CHEST, THORAX</td>
<td>Patient has personal history of breast cancer. Patient has been suffering from s.o.b and pain respiration, chest pain since 8/31/17, we have treated the patient with medication, inhalers, and patient has had some changes in chest x-rays here in clinic.; &quot;There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.&quot;.; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>General/Family</td>
<td></td>
<td>71250 CT CHEST, THORAX</td>
<td>Patient has previously been diagnosed with a right middle lobe nodule. Her last CT Chest was done on 5-4-16. She has now transferred her PCP care to us. On her last CT it was suggested to do follow up CT scans to maintain a stable diagnosis; &quot;There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.&quot;.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>General/Family</td>
<td></td>
<td>71250 CT CHEST, THORAX</td>
<td>Patient presents today for discussion of getting a repeat chest CT scheduled for recheck of the left lower lobe pulmonary nodule that was noted on CT about 6 months ago. This was performed at St. Vincent in Sherwood so I will try to get a repeat CT sched.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>General/Family</td>
<td></td>
<td>71250 CT CHEST, THORAX</td>
<td>Patient was seen for bronchitis on 11/27/17. Chest xray shows a questionable mass vs. infiltrate. Needs a CT for further evaluation; &quot;There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.&quot;.; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>General/Family</td>
<td></td>
<td>71250 CT CHEST, THORAX</td>
<td>Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>General/Family</td>
<td></td>
<td>71250 CT CHEST, THORAX</td>
<td>Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>General/Family</td>
<td></td>
<td>71250 CT CHEST, THORAX</td>
<td>Previous CT scan from 06/2016 that showed 0.6 cm lung nodule in the left upper lobe.; &quot;There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.&quot;.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>General/Family</td>
<td></td>
<td>71250 CT CHEST, THORAX</td>
<td>Patient has had abnormal ct scan of chest in July 2015. The recommendation was to follow up with a ct scan chest for multiple nodules/lesions. This is a request for repeat tcsan of chest.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>General/Family</td>
<td></td>
<td>71250 CT CHEST, THORAX</td>
<td>Patient has had chronic cough; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>General/Family</td>
<td></td>
<td>71250 CT CHEST, THORAX</td>
<td>Patient has had chronic cough; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT.</td>
</tr>
</tbody>
</table>
Pt is a current smoker. Smokes 1.5 packs of cigarettes per day with greater than 20+ pack years. Pt has COPD a productive cough for 3+ weeks now. Chest xray shows hyperinflation c/w COPD. Pt has completed z-pack and received a steroid shot. Pt is also tak; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient does NOT have a 30 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT

Small 2 mm distal right ureteral calculus, focal pleural thickening vs. pleural based nodule in the left lower hemithorax measuring up to 5 mm in thickness. CT was done on 12-8-16 and needed six month followup which was never done. This is a followup C; "Caller is NOT SURE if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT Surveillance; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

The accident occurred less than 1 hour ago. The fall occurred from a ladder. He fell from a height of 3 to 5 ft. He landed on dirt. The point of impact was the head (bilateral chest). The pain is present in the head (bilateral chest). The pain is moderate; This study is being ordered for trauma or injury.; 12/06/17; There has not been any treatment or conservative therapy.; The point of impact was the head (bilateral chest). The pain is present in the head (bilateral chest). The pain is moderate. He was ambulatory at the scene. There was no entrapment after the fall. There was no drug use involved in the accident. There was ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

There are multiple suspicious lung nodules present on patient lung xray.; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT

The patient has had a chest x-ray recently.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT
There is no radiologic evidence of non‐resolving pneumonia.; There is no radiologic evidence of asbestosis.; 

1. Shortness of breath &amp;nbsp; Onset of symptoms was 1 week ago. Episodes occur constantly. Denies relieving factors. Associated symptoms include dry cough and fatigue. 2. Cough &amp;nbsp; Onset: 1 Week. Aggravating factors include allergens. The patient denies.; 

"The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; 

"There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT

There is no radiologic evidence of non‐resolving pneumonia.; There is no radiologic evidence of asbestosis.; Needles Biopsy showing extensive chronic inflammation with histiocytic infiltration and multinucleate giant cells.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; 

"There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT

There is no radiologic evidence of non‐resolving pneumonia.; There is no radiologic evidence of asbestosis.; Patient had previous ct with axillary adenopathy that needs to be rechecked.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; 

"There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT

There is no radiologic evidence of non‐resolving pneumonia.; There is no radiologic evidence of asbestosis.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; 

"There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT
There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Patient is coughing up blood.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT

There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT

There is radiologic evidence of non-resolving pneumonia after at least 4 weeks of treatment.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT

These tests are being ordered to follow up from a previous Chest CT 6 months ago that showed a lung nodule. Need to ensure nodule has not grown or spread.; This study is being ordered for a metastatic disease.; 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; Yes this is a request for a Diagnostic CT

This is a request for a Thorax (Chest) CT.; Abnormal imaging test describes the reason for this request.; Yes this is a request for a Diagnostic CT

TROUBLE CATCHING HER BREATH, WHEEZING, COUGHING SPELLS, HEADACHE, VOMITING, NAUSEA, CANT KEEP FOOD DOWN.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT

Unexplained weight loss describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT

UNKNOWN; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT

unknown; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT
unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 weeks ago; There has been treatment or conservative therapy.; present with a possible peri rectal abscess, Hemorrhoids present for two weeks, lots of pressure, worsening; sits baths, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

x ray showed increase bronical markings; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."

A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT

Yes, the patient was seen by a specialist because of the traumatic injury.; Chest pain describes the reason for this request.; The patient as seen by another type of surgical specialist.; This is a request for a Chest CT.; This study is being requested for chest injury or trauma within the past 2 weeks.; Yes this is a request for a Diagnostic CT

It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.;

Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Pt suffers with acute abdominal pain radiating to back. R/O pancreatitis, aortic aneurysm or dissection.; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
abnormal liver u/s.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; report of AAA of 4.9, ascites throughout abdomen, Gallbladder with sludge and stones, thickness to his liver, so the radiologist is requesting this CTA chest, abdomen and pelvis. Patient is there waiting to see; There has been treatment or conservative therapy.; He states that right around when he started taking the Meloxicam he noticed that all food and liquids taste bitter. He stopped the Meloxicam after 3 days but his symptoms have worsened. He's had a decreased appetite bc everything tastes bitter, the only h;

mediastinal widening, chest and back pain, family history of myocardial infarction.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; There has been treatment or conservative therapy.; DOUBLE STUDY + THEY ARE BOTH ANGIOS IS GOING TO EQUAL AUTOMATIC REVIEW. WILL JUST UPLOAD NOTE.; DOUBLE STUDY + THEY ARE BOTH ANGIOS IS GOING TO EQUAL AUTOMATIC REVIEW. WILL JUST UPLOAD NOTE.&\#x003C;stress echo 12/21/17 showed enlarged aortic root 4.2 cm at coronary sinus; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; DOUBLE STUDY + THEY ARE BOTH ANGIOS IS GOING TO EQUAL AUTOMATIC REVIEW. WILL JUST UPLOAD NOTE.&\#x003C;stress echo 12/21/17 showed enlarged aortic root 4.2 cm at coronary sinus; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
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<td>71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST RAST</td>
<td>Thoracic aortic aneurysm as seen on MRI; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography. <strong>1</strong></td>
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<td>71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST RAST</td>
<td>THORACIC AORTIC ANEURYSM INCIDENTAL FINDING ON CT LUNG SCREENING CT; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.</td>
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<td>71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST RAST</td>
<td>UA results show no infection. Pt c/o frequency and urgency with hematuria. Other labs - CBC and CMP are within normal limits.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; October 14, 2017; There has not been any treatment or conservative therapy.; Two episodes of gross hematuria in the last 2 weeks - both painless. No flank pain, no abdominal pain, no burning with urination, no fever or chills or nausea or vomiting. Has had lack of energy and fatigue over the last month. No vaginal bleeding.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. <strong>1</strong></td>
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<td>71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST RAST</td>
<td>UNKNOWN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. <strong>1</strong></td>
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<td>71550 MRI CHEST</td>
<td>This study is being ordered for a neurological disorder.; patient has had this problem for over a year; There has been treatment or conservative therapy.; pan urinary incontinence , pelvic pain neurological pain , severe radiculopathy , patient has seen multiple specialists; medications that did not help, urinary incontinence , failed PT , and has paresthesia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>71550 MRI CHEST</td>
<td>This study is being ordered for a work-up of a suspicious mass.; There is radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI. <strong>2</strong></td>
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<td>72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST</td>
<td>This study is being ordered for follow-up to trauma.; &quot;The ordering physician is not a surgeon, pulmonologist, or cardiologist.&quot;; There is radiologic evidence of mediastinal widening.; This is a request for a chest MRI. <strong>1</strong></td>
</tr>
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<td>72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. <strong>2</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; patient has had this problem for over a year; There has been treatment or conservative therapy.; pan urinary incontinence , pelvic pain neurological pain , severe radiculopathy , patient has seen multiple specialists; medications that did not help, urinary incontinence , failed PT , and has paresthesia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology <strong>1</strong></td>
</tr>
</tbody>
</table>
General/Family Practice Approval

72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST

This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI. 1

This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI. 1

This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI. 2

This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI. 1

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI, 2

Cervical radiculopathy; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI. 1

Pain of head and neck region M54.2: Cervicalgia; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI. 1

The patient has an injury resulting in paresthesia to arms; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI, 1

PT IS HAVING CERVICAL SPINE PAIN THAT RADIATES INTO THE SHOULDERS AND ARMS CAUSE NUMBNESS BOTH OF HER ARMS ARE BEING AFFECTED; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI. 1

The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis, Bowel or bladder dysfunction, Evidence of new foot drop, etc... 1

The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Abnormal gait. 2

The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Asymmetric reflexes. 1
The patient does have neurological deficits; This study is not to be part of a Myelogram; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease; There is a reason why the patient cannot have a Cervical Spine MRI; The patient is experiencing or presenting symptoms of Bowel or bladder dysfunction.

The patient does have neurological deficits; This study is not to be part of a Myelogram; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease; There is a reason why the patient cannot have a Cervical Spine MRI; The patient is experiencing or presenting symptoms of Bowel or bladder dysfunction.

The patient does not have any neurological deficits; This study is not to be part of a Myelogram; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease; There has been a supervised trial of conservative management for at least 6 weeks; There is a reason why the patient cannot have a Cervical Spine MRI.

This study is not to be part of a Myelogram; This is a request for a Cervical Spine CT; This study is being ordered due to follow-up surgery or fracture within the last 6 months; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; There is a reason why the patient cannot have a Cervical Spine MRI.

This study is not to be part of a Myelogram; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits; The patient is experiencing or presenting symptoms of abnormal gait; There is a reason why the patient cannot have a Cervical Spine MRI.

This study is not to be part of a Myelogram; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits; The patient is experiencing or presenting symptoms of Lower extremity weakness; "The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Dysfunction, New Foot Drop, or Radiculopathy."; The patient is experiencing sensory abnormalities such as numbness or tingling; There is a reason why the patient cannot have a Cervical Spine MRI.

This study is not to be part of a Myelogram; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits; The patient is experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Dysfunction, New Foot Drop, or Radiculopathy."; The patient is experiencing sensory abnormalities such as numbness or tingling; There is a reason why the patient cannot have a Cervical Spine MRI; Caller does not know how many follow-up Cervical Spine CTs the patient has had.

This study is to be part of a Myelogram; This is a request for a Cervical Spine CT unknown; The patient has failed a course of anti-inflammatory medication or steroids; This study is not to be part of a Myelogram; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits; There has not been a supervised trial of conservative management for at least 6 weeks; "The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Dysfunction, New Foot Drop, or Radiculopathy."; The patient is experiencing sensory abnormalities such as numbness or tingling; There is a reason why the patient cannot have a Cervical Spine MRI; Caller does not know how many follow-up Cervical Spine CTs the patient has had.
<table>
<thead>
<tr>
<th>General/Family Practice</th>
<th>Approval</th>
<th>72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST</th>
<th>UNKNOWN; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.</th>
</tr>
</thead>
<tbody>
<tr>
<td>General/Family Practice</td>
<td>Approval</td>
<td>72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; patient has had this problem for over a year; There has been treatment or conservative therapy.; pan urinary incontinence , pelvic pain neurological pain , severe radiculopathy , patient has seen multiple specialists; medications that did not help, urinary incontinence , failed PT , and has paresthesia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>General/Family Practice</td>
<td>Approval</td>
<td>72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST</td>
<td>Patient also has a lower back pain that radiates to the RIGHT lower extremity. Patient also has the RIGHT little high pain; but any intensity. Denies any trauma. Lower back examination patient do have tenderness on bilateral sacral leg joint with spasmodi; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>General/Family Practice</td>
<td>Approval</td>
<td>72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST</td>
<td>PATIENT HAS A FRACTURE AT T3, NEUROSURGEON REQUESTING CT TO CONFIRM AND TREAT; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>General/Family Practice</td>
<td>Approval</td>
<td>72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST</td>
<td>The patient does not have any neurological deficits.; This is a request for a thoracic spine CT.; &quot;The patient has not been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.&quot;; This is a continuation or recurrence of symptoms related to a previous surgery or fracture.; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient has a recent fracture or abnormality seen on a previous imaging study; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>General/Family Practice</td>
<td>Approval</td>
<td>72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST</td>
<td>The patient does not have any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>General/Family Practice</td>
<td>Approval</td>
<td>72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST</td>
<td>This is a request for a thoracic spine CT.; The study is being ordered due to Neurological deficits.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient has a recent fracture or abnormality seen on a previous imaging study; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>General/Family Practice</td>
<td>Approval</td>
<td>72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST</td>
<td>This is a request for a thoracic spine CT.; The study is being ordered due to Neurological deficits.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting abnormal gait.; Yes this is a request for a Diagnostic CT</td>
</tr>
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</table>
72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST

trauma to back; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT

72131 CT LUMBAR SPINE, LOW BACK

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

72131 CT LUMBAR SPINE, LOW BACK

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; patient has had this problem for over a year; There has been treatment or conservative therapy.; pan urinary incontinence , pelvic pain neurological pain , severe radiculopathy , patient has seen multiple specialists; medications that did not help, urinary incontinence , failed PT , and has paresthesia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

72131 CT LUMBAR SPINE, LOW BACK

; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

72131 CT LUMBAR SPINE, LOW BACK

; This study is being ordered for a neurological disorder.; 12/1/2016; There has been treatment or conservative therapy.; back pain with radiated numbness to right thigh, weight loss of 50 lbs, decreased mobility, numbness, tenderness, tingling, loss of sleep, history of seizures; physical therapy and pain medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

72131 CT LUMBAR SPINE, LOW BACK

Possible compression fracture at T12 and L4. Pt C/O of left sided LBP. Pt C/O of significant pain ever since fall at home. Pt has been taking Advil without relief and using warming wraps. Norco for pain. Lumbar xray shows lumbar DJD, calcification of the ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

72131 CT LUMBAR SPINE, LOW BACK

This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT

72131 CT LUMBAR SPINE, LOW BACK

This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT

72131 CT LUMBAR SPINE, LOW BACK

This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is a suspicion of lumbar spine infection.; Yes this is a request for a Diagnostic CT
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<td>This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>72131 CT LUMBAR SPINE, LOW BACK</td>
<td>This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is suspension of lumbar spine neoplasm, tumor or metastasis.; Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>72131 CT LUMBAR SPINE, LOW BACK</td>
<td>This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT.</td>
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<tr>
<td>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
<td>This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Decreased ROM and weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</td>
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</table>

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
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This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; neck and arm pain; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in the extremities; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for a neurological disorder.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; PAIN MEDICATION REFERRED TO NEURO FOR NECK PAIN AND HEADACHE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for a neurological disorder.; 10/12/17; There has not been any treatment or conservative therapy.; low back pain, and numbness and tingling in all extremities; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for a neurological disorder.; 10/9/17; There has been treatment or conservative therapy.; neck pain, numbness in left arm, drops things with left hand.; EMG and PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Medication -OTC Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for a neurological disorder.; 10/9/2017; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; Medication -OTC Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

This study is being ordered for a neurological disorder; 2 mos ago; There has been treatment or conservative therapy; arm, neck, and back pain with numbness and tingling in arm; insets, hydrocodone, pt.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

This study is being ordered for a neurological disorder.; 2017; There has been treatment or conservative therapy.; TINGLING NUMNNESS PAIN; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/01/2017; It is not known if there has been any treatment or conservative therapy.; Left shoulder and left hand pain. Motorcycle accident. Medication taken. Neck pain, chest pain and shortness of brain. Sequela.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/6/17; There has not been any treatment or conservative therapy.; numbness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/20/2017; There has not been any treatment or conservative therapy.; chronic pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/22/17; There has been treatment or conservative therapy.; unable to walk, pain; x rays, pain medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/2017; There has been treatment or conservative therapy.; radicular pain; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

This study is being ordered for trauma or injury.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1
This study is being ordered for trauma or injury.; 07/01/2017; There has been treatment or conservative therapy.; Neck pain, x-rays show pelvic shift. Right iliac crest is elevated significantly than the left; Chiropractor for 6 weeks and x-rays; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for trauma or injury.; 10/30/2017; There has not been any treatment or conservative therapy.; Pain and unable to move; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for trauma or injury.; 11/17/2017; There has been treatment or conservative therapy.; numbness in legs, headache, neck pain; Medication, rest, walking, heat; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for trauma or injury.; 12/10/2016; There has been treatment or conservative therapy.; Medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for trauma or injury.; 12/22/2016; There has been treatment or conservative therapy.; Neck and low back pain, Pain 6 out of 10; Steroids, pain meds, back injection in PT now and is too painful to continue; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for trauma or injury.; 8/1/17; There has been treatment or conservative therapy.; Neck and low back pain, Pain 6 out of 10; Steroids, pain meds, back injection in PT now and is too painful to continue; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms; There is no weakness or reflex abnormality; The patient does not have new signs or symptoms of bladder or bowel dysfunction; There is not x-ray evidence of a recent cervical spine fracture.
This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms; There is weakness; has been seeing neurology Behrens and she thinks this is cervical muscle spasm contributing to the headaches; her left SCM is very tight; she is getting trigger point injections; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms; There is weakness; n regard to the neck pain, Mr. Gregson denies any associated symptoms. Patient is requesting refills on his Methocarbamol, Norco, and Tramadol. Pt states that the medications helps to manage his pain. MUSCULOSKELETAL: Positive for limited ROM and pai; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been directed a home exercise program for at least 6 weeks.;

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms; The patient has NOT had back pain for over 4 weeks.

This study is being ordered for a neurological disorder.; 12/1/2016; There has been treatment or conservative therapy.; back pain with radiated numbness to right thigh, weight loss of 50 lbs, decreased mobility, numbness, tenderness, tingling, loss of sleep, history of seizures; physical therapy and pain medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for a neurological disorder.; Patient reported on 8-24-17 of Neck and Upper back pain. She has been going through physical therapy without success and has caused more pain. She admits to involuntary bowel movements. Medication has been ineffective; There has been treatment or conservative therapy.; Bulging cervical disc, neck pain, thoracic pain, numbness and tingling of hands, involuntary bowel movements, joint pain, significant tenderness over C-5 through T-10. Patient reports pain 8/10; Patient has been through 6/12 Physical Therapy visits and will receive her 7th visit today, 10-10-17, but therapy has caused her more pain instead of decreasing it.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
General/Family Practice Approval
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1 month ago; There has been treatment or conservative therapy.; cervical radiculopathy, shoulder pain, left sided chest wall pain, numbness down left internal chest wall, tenderness.; at home exercises , medication, stretches ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1
Cervical xray with spondylosis, mild to moderate neural foraminal narrowing, associated pain, paraesthesia, shoulder/chest pain.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture. 1

General/Family Practice Approval
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
CHRONIC NECK PAIN AND TINGLING; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; HAWKINS TEST 1
Chronic neck pain, no relief from conservative treatment, limited ROM in neck, R/O ruptured/bulging disc; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.

CONSERVATIVE TREATMENT HAS NOT WORKED; This study is being ordered for trauma or injury.; 1 1/2 YEAR AGO HAS TRIED CONSERVATIVE TREATMENT; There has been treatment or conservative therapy.; crepitus, headache and neck stiffness; TREATED WITH CHIROPRACTIC, HEAT AND ICE, ROM EXERCISES; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Continued cervical strain; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.

DOUBLE STUDY MEANS AUTOMATIC REVIEW. WILL JUST FAX NOTES.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/04/2017 FIRST OV FOR PROBLEM; There has been treatment or conservative therapy.; WILL JUST FAX NOTES; OTC/PHYSICAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

evaluate for ms; This study is being ordered for a neurological disorder.; 11/01/2017; There has not been any treatment or conservative therapy.; balance; vision problems r eye; look for ms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Here today for follow up of acute on chronic neck and back pain. Xray of neck showed degenerative changes. Pt given rx of hydrocodone and soma with some relief. However, pain persists. It is at it’s worst in her low neck and between her shoulder blades. He; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The patient does have new or changing neurologic signs or symptoms.; There is History of degenerative disc disease to the c spine, with worsening neurological deficit of the right upper extremity. No improvement with 2 months of physical therapy. No improvement with 3-4 months of gabapentin, tramadol, soma, anti-inflammatory.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Diminished right sided grip strength. Unable to raise arm (right); The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.
It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; &lt;Enter Additional Clinical Information&gt;

None; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt is having left arm weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

numbness and tingling in arms bilaterally from the neck down; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Patient is having some increasing pain. She historically has had back pain resulting from a MVA. We are getting updated imaging to determine if she should continue pain management through pharmacologic therapy or if she is in need of more surgery. Addito; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Patient last had MRI in 2014 and needs updated one to see neurosurgeon. X-ray in chart, showed degenerative disc disease of cervical, thoracic and lumbar spine with osteophytes on spine. &lt;x0D; &lt;x0D; DX: M54.5 dorsalgia&lt;x0D; M54.2 cervicalgia&lt;x0D; M25.7 osteophyte on vert; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Patient suffered a stroke on 11/4/2017; This study is being ordered for a neurological disorder.; 11/4/2017; There has been treatment or conservative therapy.; presented with migrane after being found unable to speak and RUE weakness, Left MCA ischemic stroke, appears embolic; 11/6/2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
physical therapy completed x 5 weeks with no relief, Physical Therapist recommended an MRI to verify if a nerve is being impinged.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; left arm weakness/loss of grip strength; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Please see attached clinicals.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Has been seeing physician for lumbar and cervical spine pain since 12/31/2012; There has been treatment or conservative therapy.; Low back and cervical spine pain; Gabapentin since 12/31/2012. Parafon Forte since 04/23/2014. Mobic 01/12/2016. Was seeing a chiropractor in 2016 but got to be too painful (Per patient); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Pt.'s loss of balance when he bends over is a new symptom.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; Decreased reflexes of bilateral upper extremities.

Radiating pain from neck to fingertips; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; finger numbness and pain , trouble gripping; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Radiculopathy, neuralgia, neuritis, cervicalgia; This study is being ordered for trauma or injury.;; There has been treatment or conservative therapy.; numbness and tingling radiating down arm, pain gradually worse, headache; pain medication, anti inflammatory medication, ice and heat therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Requesting Cervical spine MRI, thoracic spine MRI, and brain MRI & n00; for syrinx of the spinal cord, weakness.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

same as in other comment box; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; Patient has had cervical and right shoulder pain for years. It has worsened and is now radiating. He has some decreased deep tendon reflex of right elbow and decreased abduction of right shoulder.
<table>
<thead>
<tr>
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<td>The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.</td>
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<td>29</td>
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The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; Yes, the patient had six weeks of Chiropractic care related to this episode.

The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; neck pain radiates to bilateral shoulder

The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; patient is diabetic and cannot use steroid meds.Musculoskeletal
Comments	tenderness of bilateral upper arms with palpation.&RxOD; &RxOD; &RxOD; Assessment&RxOD; Numbness of upper limb (R20.0)&RxOD; Patient Plan&RxOD; The numbness of her arms occurs when laying flat. Arthritis panel

The patient potentially needs another surgery but needs an update MRI in order to get in with the surgeon; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; pain of the cervical spine with radicuopathy and low back pain with radicuopathy, the patient has trouble walking and is using a cane; pt has been given muscle relaxers and anti inflammitories, he has completed Physical therapy, the patient has seen a spine dr and was given an injection in the spine which made him worse; One of the studies being ordered is NOT A Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

the Pt has pain, weakness, radiating into neck; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The Pt has weakness in gripping in right arm.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

This is a request for cervical spine MRI; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; Follow-up to Surgery or Fracture within the last 6 months

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.
This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-ray evidence of a recent cervical spine fracture.

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.

This is a request for cervical spine MRI; It is not known if the patient been seen by or if the ordering physician is an oncologist, neurologist, neurosurgeon, or orthopedist.; Known Tumor with or without metastasis; Cerebellar tonsillar ectopia, cervical syrinx, having worsening nonintractable headaches. Neurosurgeon requesting MRI C-Spine after reviewing MRI of the Brain.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

This is a request for cervical spine MRI; Neurological deficits; History of surgery to C-Spine (recent) 09/2017. Patient had no radiating pain post surgery but was involved in a MVA 8 weeks post op and pain has since returned into Lt upper extremity and decreased sensation in her left hand.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

This is a request for cervical spine MRI; Neurological deficits; pt with increasing hypoesthesia in left C5 and left C6 distribution s/p CVA 2 years ago - Gabapentin has not helped.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.
This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness. 
This is a request for cervical spine MRI; None of the above; &lt;Enter Additional Clinical Information&gt; ; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture. 
This is a request for cervical spine MRI; None of the above; None of the above; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?f.; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture. 
This is a request for cervical spine MRI; None of the above; None of the above; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?f.; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture. 
This is a request for cervical spine MRI; Pre-Operative Evaluation; No, the last Cervical spine MRI was not performed within the past two weeks. 
This is a request for cervical spine MRI; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; The last Cervical Spine MRI was not performed within the past two weeks. 
This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy. 
This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy. 
This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy. 
This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.;
This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; &lt;Enter Additional Clinical Information&gt; 1

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; chronic pain 1

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; F/u on Pain: Feeling discomfort in his feet with stiffness and popping and cracking. Severe fatigue. Neck and back is bothering him the most. Trying to lay down and just doesn't feel well. If he puts pressure on his neck and back pain; No, the patient does not demonstrate neurological deficits.; MRI of neck to evaluate for demyelinating process. 1

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrates neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Patient is having neck pain with frequent headaches. 1

This is a request for cervical spine MRI; There is evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis 2

This is a request for cervical spine MRI; There is evidence of tumor or metastasis on a bone scan or x-ray.; Trauma or recent injury; &lt;Enter Additional Clinical Information&gt; 1
This is a request for cervical spine MRI; Trauma or recent injury; &lt;Enter Additional Clinical Information&gt;; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness.; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

This is a request for cervical spine MRI; Trauma or recent injury; patient was seen in ER 10/13/17 for MVA CT was negative still having pain; It is not known if the patient have new or changing neurological signs or symptoms.

This is a request for cervical spine MRI; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; neck pain and scoliosis has had pain management with no help; There has been treatment or conservative therapy.; mbr has pain in neck and back 100 % dysfunction of left leg and neck pain 10 in the morning and headache with vision issues lighting bolt pain in leg and foot left shower is unable to do without help; pain management and medication for pain and PT and; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient has weakness and tingling in left arm can barley raise over head; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient did not give specific date of onset. Complains of pain happening for "years"; It is not known if there has been any treatment or conservative therapy.; Pain in Low back and hips with decreased ROM. History of OA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
General/Family Practice Approval
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; FIRST OV FOR PROBLEM 10/04/2017; There has been treatment or conservative therapy.; WILL JUST FAX NOTES; OTC MEDS/PHYSICAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

General/Family Practice Approval
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits.”
There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits.”.; Had negative ultrasound. Had abnormal thoracic xray

General/Family Practice Approval
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits.”; patient complains of a swelling on the back of her neck it’s been present for several years. Exam: nontender, mobile swelling noted at the back of her neck. lower and lateral borders are smooth. Lower border ends at the level of T1. Difficult to palpate

General/Family Practice Approval
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

General/Family Practice Approval
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
This study is being ordered for a neurological disorder.; 08/12/2017; There has been treatment or conservative therapy.; Pain, unable to walk at times; PT and medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for a neurological disorder.; 2017; There has been treatment or conservative therapy.; TINGLING NUMBNESS PAIN; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/22/17; There has been treatment or conservative therapy.; unable to walk, pain; x rays, pain medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
This study is being ordered for trauma or injury.

Enter date of initial onset here - or Type In Unknown If No Info Given.

It is not known if there has been any treatment or conservative therapy.

Describe primary symptoms here - or Type In Unknown If No Info Given.

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for trauma or injury.

There has been treatment or conservative therapy.

Pain numbness and tingling in right arm; x rays.

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for a neurological disorder.

Unknown; There has been treatment or conservative therapy.

Chronic back pain; Medications and PT.

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Anxiety, constipation; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, infectious disease, congenital anomaly, or vascular disease.

9/13/2012; There has been treatment or conservative therapy.

Back pain; physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Chronic neck pain and feeling he needs to pop his neck. This has been a longstanding problem since the age of 18 after a MVA. He has pain, decreased ROM and radiation of pain into right and left upper back and lateral aspect of neck.

No radiation of pain; at home exercises, medication, stretches.

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Chronic neck pain and feeling he needs to pop his neck. This has been a longstanding problem since the age of 18 after a MVA. He has pain, decreased ROM and radiation of pain into right and left upper back and lateral aspect of neck. No radiation of pain; at home exercises, medication, stretches.

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
CURRENT XRAYS SHOW SCOLIOSIS AND CONSERVATIVE TREATMENT IS NOT HELPING HER PAIN; This study is being ordered for Congenital Anomaly.; SHE HAS HAD SCOLIOSIS-CONGENTIAL DEFORMITY AND HAS BEEN HAVING BACK PAIN FOR YEARS. IT HAS BEEN AGGRAVATED SINCE 02/2017 AND WE ARE SENDING HER TO UAMS FOR TREATMENT AND THEY ARE NEEDING MRI WHICH HAS NOT BEEN DONE; There has been treatment or conservative therapy.; The patient is complaining of back pain. The patient states she has pain up her entire back from her neck. It burns and hurts. She is taking Tramadol with Gabapentin and it is not helping.&amp;#x003B; NECK AND BACK STIFF AND TENDER ON EXAMINATION; PATIENT HAS BEEN ON ORAL MEDICATION FOR OVER 9 MONTHS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

DOUBLE STUDY MEANS AUTOMATIC REVIEW. WILL JUST FAX NOTES.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/04/2017 FIRST OV FOR PROBLEM; There has been treatment or conservative therapy.; WILL JUST FAX NOTES; OTC/PHYSICAL THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

He is unable to take a deep breath because it causes significant thoracic spine pain in the T4-5 area. With shallow breaths, lung were clear. Significant pain at T4-5 level. He has failed physical therapy and chiropractic care is not helping, and was told; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture. Here today for follow up of acute on chronic neck and back pain. Xray of neck showed degenerative changes. Pt given rx of hydrocodone and soma with some relief. However, pain persists. It is at it’s worst in her low neck and between her shoulder blades. He; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. 1

It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling. 1

It is not known if there are documented findings of immune system suppression.; This is a request for a thoracic spine MRI.; It is not known if the patient is experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits.; patient has alot of inflammations so need to rule out infection.
Patient continues to complain of back pain. Has appt. with Pain Specialist in November 2017; This study is being ordered for trauma or injury.; July 7, 2017; There has been treatment or conservative therapy.; Fell and hurt back, complaints of back pain; Physical Therapy x 6 weeks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MR5, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Patient last had MRI in 2014 and needs updated one to see neurosurgeon. X-ray in chart, showed degenerative disc disease of cervical, thoracic and lumbar spine with osteophytes on spine. &x00d; &x00d; DX: M54.5 dorsalgia
M54.2 cervicalgia &x00d; M25.7 osteophyte on vert; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MR5, PET Scan, or Unlisted CT/MRI.

Requesting Cervical spine MRI, thoracic spine MRI, and brain MRI &x00d; for syrinx of the spinal cord, weakness.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MR5, PET Scan, or Unlisted CT/MRI.
The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Patient had an abnormal MRI c-spine in 2016 with Thoracic cord syrinx located at the T to 3 level centrally in the cord. We are looking to see if this has gotten worse or if there is evidence of Chiari Malformation. Patient is having a lot of pain in his r.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Pt's girlfriend stood on his back on 11/22/17. Pt was seen in the ER, negative xrays and given steroid shot and anti inflammatory medication. Pt continues to have pain with mild weakness to lower extremities.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; small focal region of abnormal signal involving the posterior right T12 vertebral body and the adjacent pedicle. Although this is an atypical location, this could reflect abnormal stress reaction in the pedicle but is indeterminate and postcontrast imagin.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of bowel or bladder dysfunction.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of recent fracture on previous imaging studies.
The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; unknown; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam. 1

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to trauma or acute injury within 72 hours.; The patient is experiencing or presenting symptoms of recent fracture on previous imaging studies. 2

The patient does not have any neurological deficits.; It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Pt had back surgery over 8 weeks ago, is tender. 1

The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; The patient has had 3 or fewer thoracic spine MRIs.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease. 2

The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; &lt;Enter Additional Clinical Information&gt; 1

The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to known tumor with or without metastasis.; 1. Lobulated T1/T2 hypointense lesions within the left aspect of the T7 and T10 vertebrae for which neoplastic process including metastatic disease or myeloma cannot be excluded. Recommend postcontrast imaging. 1

The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; "The patient is not being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.; Previous mass removed around spinal cord, recommended neurosurgery from general surgery for re-accumulation and continued neuropathic pain. Neurosurgery will not see her without an MRI. 1
The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; "The patient is not being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.; PT had MRI on 12/08/17 disc desication at L5/S1 with broad-based right parasentral disc protrusion and right lateral disc bulge facet hypertrophy causing narrowing of the right neuroforamen and compression of the right exiting nerve root with AP diamete

The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to trauma or acute injury within 72 hours.; N/A

The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.

The patient is complaining of mid back pain. He denies saddle anesthesia and associated bowel or bladder dysfunction. Patient states pain level today on a scale of 0-10 is 6/10.; This study is being ordered for trauma or injury.; Around 2 months ago.&%KOD; Was seen in clinic on 11/2/17, 11/10/17, and 12/1/17. Has been doing physical therapy since first of November.; There has been treatment or conservative therapy.; Pain in mid to lower back that radiates down both legs with muscle spasms noted in thoracic region; Physical therapy since 11/7/17 and on going but patient says no relief in pain.&%KOD; Lidocaine patches, with Ibprofen (800 mg) twice daily since 11/2/17 and Mobic since 11/10/17; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; This is a request for a thoracic spine MRI.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.

There is loss of lumbar lordosis seen. There is no acute fracture. However, there is noted to be in the past a fracture of the superior endplate of T11 anteriorly more just anterior portion. No compression seen. In flat/supine position with pt lifting le; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.

This is a request for a thoracic spine MRI.; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.
This is a request for a thoracic spine MRI.; "The patient has not been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; This is not a continuation or recurrence of symptoms related to a previous surgery or fracture.; "The caller indicated that there is not a known condition of: Tumor, Infection or Neurological deficits."; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; &lt;Enter Additional Clinical Information&gt;

This is a request for a thoracic spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

This is a request for a thoracic spine MRI.; Neurological deficits; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.

This is a request for a thoracic spine MRI.; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient does have a new foot drop. 1

This is a request for a thoracic spine MRI.; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

This is a request for a thoracic spine MRI.; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.

This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; degenerative changes noted on plain x-rays with osteophytes/upper back pain after mva in 2015 tx by chiropractor for nearly one year and no better; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.

This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of bowel or bladder dysfunction.
This is a request for a thoracic spine MRI; The study is being ordered due to Neurological deficits; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.

This is a request for a thoracic spine MRI; There has been a supervised trial of conservative management for at least 6 weeks; The study is being ordered due to Neurological deficits; The patient is experiencing sensory abnormalities such as numbness or tingling; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.

This is a request for a thoracic spine MRI; There has been a supervised trial of conservative management for at least 6 weeks; The study is being ordered due to Neurological deficits; The patient is experiencing sensory abnormalities such as numbness or tingling; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.

This is a request for a thoracic spine MRI; There is evidence of tumor or metastasis on a bone scan or x-ray; The study is being ordered due to suspected tumor with or without metastasis.

This is a request for a thoracic spine MRI; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms; The patient does have a new foot drop.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; FIRST OV FOR PROBLEM 10/04/2017; There has been treatment or conservative therapy; WILL JUST SEND NOTES; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. 

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms; It is not known if there is weakness or reflex abnormality; The patient does not have new signs or symptoms of bladder or bowel dysfunction; It is not known if the patient has a new foot drop; It is not known if there is x-ray evidence of a lumbar recent fracture.
The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Decreased strength in left leg, pain in left leg.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pain going down his leg and weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; RIGHT LEG MUSCLE 3/5; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; TINGLING IN LEGS; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in right leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.
The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in the right leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; The patient has none of the above.; This procedure is being requested for Trauma or recent injury.

The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above.

The patient has acute or chronic back pain.; The patient has none of the above.

The patient has acute or chronic back pain.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for a neurological disorder.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; PAIN MEDICATION REFERRED TO NEURO FOR NECK PAIN AND HEADACHE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
This study is being ordered for a neurological disorder. There has been treatment or conservative therapy.

There has been treatment or conservative therapy. Throat pain, low back pain, and numbness and tingling in all extremities; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is not Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

There has not been any treatment or conservative therapy. low back pain, and numbness and tingling in all extremities; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is not Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

There has been treatment or conservative therapy. arm, neck, and back pain with numbness and tingling in arm; insets, hydrocodone, pt.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is not Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

There has been treatment or conservative therapy. It is not known if there has been any treatment or conservative therapy.

There has been treatment or conservative therapy. Throat pain, low back pain, and numbness and tingling in all extremities; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is not Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

There has been treatment or conservative therapy. Throat pain, low back pain, and numbness and tingling in all extremities; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is not Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

There has been treatment or conservative therapy. Throat pain, low back pain, and numbness and tingling in all extremities; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is not Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

There has been treatment or conservative therapy. Throat pain, low back pain, and numbness and tingling in all extremities; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is not Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
This study is being ordered for trauma or injury; 7/01/2017; There has been treatment or conservative therapy; Neck pain, x-rays show pelvic shift. Right iliac crest is elevated significantly than the left; Chiropractor for 6 weeks and x-rays; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

This study is being ordered for trauma or injury; 10/30/2017; There has not been any treatment or conservative therapy; Pain and unable to move; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

This study is being ordered for trauma or injury; 12/22/2016; There has been treatment or conservative therapy; Neck and low back pain, Pain 6 out of 10; Steroids, pain meds, back injection in PT now and is too painful to continue; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

This study is being ordered for trauma or injury; 8/28/2017; There has been treatment or conservative therapy; Throbbing sharp pain numbness tingling weakness locking popping/clicking; xray pt meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Reflexes asymmetric and DTRs abnormal.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; cannot stand for any length of time cannot sit for any length of time pain shoots from back down to legs and sciatic; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have back pain for over 4 weeks.; The patient has been seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has not been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.
General/Family Practice Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

; The study requested is a Lumbar Spine MRI.; Neurological deficits; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; ; The patient has seen the doctor more then once for these symptoms.; ; It is not known if the physician has directed conservative treatment for the past 6 weeks.

General/Family Practice Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

General/Family Practice Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

General/Family Practice Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

; This study is being ordered for Inflammatory/ Infectious Disease.; patient has had problem since April. She did PT which resolved problem then, now having pain again.; There has been treatment or conservative therapy.; tenderness to R SI joint; Physical Therapy and Medrol dose pak; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

General/Family Practice Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; 5 months per patient.; There has been treatment or conservative therapy.; Low back pain midline and chronic duration.; 12 Sessions of chiropractic therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

General/Family Practice Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; Per patient approx. 3 years.; There has been treatment or conservative therapy.; Low back and neck pain with numbness and tingling of both lower extremities. Weakness in extremities on exam. Tingling in the left forearm when using upper extremities.; Gabapentin/Ibuprofen since 07/20/2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
53yr old female presents for follow up of low back pain has been on diclofenac for last 4 months, however has been off for the last 6 weeks due to chest pain and does c/o pain most days with burning to right lateral thigh. Continues to have pain in hands ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; baclofen 10mg 3 times a day&bxd0; voltaren 1% gel 4 times a day. &bxd0; had been on diclofenac for last 4 months, however has been off for the last 6 weeks due to chest pain, has been approved to start taking again per cardiology. 

a bulging disc was found from a ct; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.

anxiety, constipation; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/13/2012; There has been treatment or conservative therapy.; back pain; physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

ba Enter answer here - or Type In Unknown If No Info Give.; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; 

Back pain x 4 years. Weight lifting in jury injuring neck and back. Physical therapy increases his pain.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; Gabapentin 300MG BID&bxd0; Norco 7.5/325mg TID
broke clavicle by pulling pants up, having to use wheelchair d/t feeling like her muscles are pulled in her left leg, has trouble getting out of bed, and having whole body jerks, has lost function in her left leg and is very weak and having to use a wheel; This study is being ordered for trauma or injury.; 12/10/17; There has not been any treatment or conservative therapy.; chronic back pain, left clavicle break, loss of sensation in left leg.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Chief Complaint: Pt reports that since he had Lt knee surgery (with Dr Sidani) approx 3 days later he developed this lumbar region back pain. At first it was only radiating to his Rt side, but now radiates to both sides. Pt reports several falls, where he; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Chief Complaint: Pt reports that since he had Lt knee surgery (with Dr Sidani) approx 3 days later he developed this lumbar region back pain. At first it was only radiating to his Rt side, but now radiates to both sides. Pt reports several falls, where he; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Chronic pain even after physical therapy.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Subjective L sided weakness. In ER 2 weeks ago. Had EKG and pain shot at hospital. He's had physical therapy and not helping. Describes a "knot" in his back. He states that hes been having continued weakness in L side even with PT. His pain, especially in; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Complaints of back and hip pain. X-ray done, dictation to follow.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Greater than one year with LLE pain, tingling, and decreased strength; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Congenital anomaly. Ruling out spina bifida. Patient has xray showing evidence of spina bifida. Vascular insufficiency of bilateral extremities. Decreased capillary refill and leg swelling.; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above.
Conservative treatment for greater than 8 weeks. No Chiropractor or PT ordered due to unknown etiology of pain.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Celebrex&amp;lt;#x003B; Tizanidine
Ibuprofen
Naproxen

**CONSERVATIVE TREATMENT HAS NOT WORKED; This study is being ordered for trauma or injury.**; 1 1/2 YEAR AGO HAS TRIED CONSERVATIVE TREATMENT; There has been treatment or conservative therapy.; crepitus, headache and neck stiffness; TREATED WITH CHIROPRACTIC, HEAT AND ICE, ROM EXERCISES; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

**CURRENT XRAYS SHOW SCOLIOSIS AND CONSERVATIVE TREATMENT IS NOT HELPING HER PAIN; This study is being ordered for Congenital Anomaly.**; SHE HAS HAD SCOLIOSIS-CONGENTIAL DEFORMITY AND HAS BEEN HAVING BACK PAIN FOR YEARS. IT HAS BEEN AGGRAVATED SINCE 02/2017 AND WE ARE SENDING HER TO UAMS FOR TREATMENT AND THEY ARE NEEDING MRI WHICH HAS NOT BEEN DONE; There has been treatment or conservative therapy.; The patient is complaining of back pain. The patient states she has pain up her entire back from her neck. It burns and hurts. She is taking Tramadol with Gabapentin and it is not helping.&amp;lt;#x003B; NECK AND BACK STIFF AND TENDER ON EXAMINATION; PATIENT HAS BEEN ON ORAL MEDICATION FOR OVER 9 MONTHS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Degenerative disc disease, lumbar region; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt. states she was doing PT for her back and therapist saw that it wasn't helped. &amp;lt;#x003B; BACK: BILATERAL Quadratus spasm which is very tender to even slight palpation most pronounced at the costal insertion, no costovertebral angle tenderness, no kyphosis.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Failed PT.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

FAX; The study requested is a Lumbar Spine MRI.; None of the above.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more than once for these symptoms.
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Feet get cold and painful. He had a normal NCV,EMG at the VA, 2 years ago. He had CT of lumbar spine: bulging disks, and spinal stenosis; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above 1

fell and having pain, weakness, and numbness off and on, along right buttock and travels down right leg and into foot.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above 1

felt like right leg fell asleep, could barely walk, stumbling around, went to St B er was checked for blood clot, leg is continuously tingling from knee down; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above 1

Findings were consistent with mild bilateral tibial H demyelination and moderate chronic axon loss in the Left AHB, suggestive of S1 radiculopathy.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Borderline slowing of BLE tibial H responses. EMG needle exam reveals small amplitude spontaneous activity in the left AHB. Paraspinals are difficult to examine with patient unable to relax for needle exam. These were findings with nerve conduction study. 1

Four views of the lumbar spine are performed.&amp;x0D; There is grade 2-3 anterior spondylolisthesis of L5 on S1 measuring&amp;x0D; 1.9 cm. There is mild spondylolisthesis at this level with mild arthritic&amp;x0D; change involving the apophyseal joints of the lower lumbar spine.&amp;x0D; The; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; trace weakness on left; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture. 1

FURTHER DIAGNOSTIC EVALUATION ORDERED MRI L SPINE DUE TO WORSENING PAIN,NUMBNESS AND WEAKNESS.COMPARE TO PRIOR MRI 2015; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; sical Exam&amp;x0D; Exam&amp;x0D; Findings&amp;x0D; Details&amp;x0D; Chiro Spine - Lumbar&amp;x0D; Milgrim's is Positive bilaterally. Kemp's is Positive on the Right. Yoeman's is Positive on the Right. Straight leg raise is Positive on the Right.Ankle ROM - R&amp;x0D; Active ROM - Factors: nor; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture. 1

had plain films and saw a chiro w/o any improvement; sharp pain bilateral legs; pain aggravated by walking sitting or working; weakness; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above 1
He reports a remote history of a back injury. In 2008 he states he had an MRI and a Springville Hospital which revealed lumbar degenerative disc disease. He actually used the words cauda equina syndrome and reported that he has had some bowel and bladder; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.

This study is being ordered for trauma or injury.; over 6 mos; There has been treatment or conservative therapy.; back pain numbness in fingers; Medication physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

hx of gluteal abscess. Now with increased back pain and elevated WBC; This study is being ordered for Inflammatory/ Infectious Disease.; 11/10/17 office visit; There has been treatment or conservative therapy.; back pain, elevated wbc; hx of gluteal abscess. Now with increased back pain and elevated WBC, was given rx for pain on 11/10/17; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Limited flexion lumbosacral spine, Limited extension lumbosacral spine, Limited rotation lumbosacral spine, Decreased strength, Positive Straight Leg Raising, abnormal straight leg raising test; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Limited flexion lumbosacral spine, Limited extension lumbosacral spine, Limited rotation lumbosacral spine, Decreased strength, Positive Straight Leg Raising, abnormal straight leg raising test

Limited flexion lumbosacral spine, Limited extension lumbosacral spine, Limited rotation lumbosacral spine, Decreased strength, Positive Straight Leg Raising, abnormal straight leg raising test; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Difficulty walking.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

LOWERING  BACK PAIN WITH RADIATING RADICULOPATHY; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.
Mr. SCHIELL is a 61 year old White male. He is here today following a transition of care from the emergency department [ baptist conway ]. Initially treated for kidney stone for which none was found &x003D; &x003D; &x003D; Patient to be evaluated for low back pain. The ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.;

1

Muscloskeletal: Positive for back pain (radiated down bilateral legs. ) and gait problem (slow gait with mild limp noted at times. ) Negative for neck pain. &x003D; Neurological: Positive for tingling, weakness (intermittent weakness when sciatica pain is mor; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Musculoskeletal: Positive for back pain (radiated down bilateral legs. ) and gait problem (slow gait with mild limp noted at times. ) Negative for neck pain. &x003D; Neurological: Positive for tingling, weakness (intermittent weakness when sciatica pain is mor; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture. 1

1

N/A; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

1

n/a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/19/2017; There has been treatment or conservative therapy.; right side weakness, dizziness, blurred vision; medication, Therapy at home; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MOs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

1

need update MRI for pain center; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; pain., medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MOs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

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new info to be faxed previous request tracking #055630297; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. no; The study requested is a Lumbar Spine MRI.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; maintain regular physical activity.; follow up visit every 6 weeks; Meloxicam
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Notes: lost feeling and having tingling in bilateral legs - no injury&deg; ER suggested MRI&deg; low back pain&deg; ; Motor Strength and Tone: hypotonicity; decrease in strength 2/5 in bilateral lower extremities. Joints, Bones, and Muscles: no contractures, malalig; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

numbness in both legs, lumbar disorder m51.06; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Pain in lower back still persistent ,radiating to both legs, By mid day legs feel weak and having issues,Been doing home exercise regimen and taking ibuprofen once daily; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above
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<td>pain radiating from his feet/ankle up into his lumbar region of his spine.</td>
<td>Indomethacin has not helped the pain; The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain; The patient has none of the above</td>
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<td>Patient complains of diffuse pain and radiculopathy. C-Spine X-ray shows L5-S1 height loss with osteophyte present. Pt does not appear to have arthritis on x-rays.; This study is being ordered for a neurological disorder.; Pt states symptoms have been worsening over the past year.; There has been treatment or conservative therapy.; Radiating pain and radiculopathy down both bilateral upper extremities as well as lower extremities. Pt does have limited range of motion in upper extremities.; Pt has been taking ibuprofen and tylenol with no pain relief or symptomatic relief; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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<td>Patient continues to complain of back pain. Has appt. with Pain Specialist in November 2017; This study is being ordered for trauma or injury.; July 7, 2017; There has been treatment or conservative therapy.; Fell and hurt back, complaints of back pain; Physical Therapy x 6 weeks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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<td>Patient has had chronic low back pain with no relief with low back exercises or physical therapy.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</td>
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<td>Patient has had severe reported back pain since June of 2017. Patient has went to Physical Therapy for 8 weeks with no relief. Patient has continued physical therapy in his home for 6 weeks. The pain is causing patient to have limited ability with his fam; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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<td>Patient has hypoesthesia L4 L5 S1 S2 distribution; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; knee jerk plus 1, ankle jerk plus 1.</td>
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<td>Patient having low back pain with radiculopathy; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</td>
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<td>Patient is having some increasing pain. She historically has had back pain resulting from a MVA. We are getting updated imaging to determine if she should continue pain management through pharmacologic therapy or if she is in need of more surgery. Addition; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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<td>Patient may need to have surgery for different injection sights. We are going off of his MRI from 2014; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient has had epidural injections recently, patient was working out in the yard this weekend and has had worse weakness and increased back pain. Patient has 10/10 pain scale.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</td>
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<td>Patient presents with greater than 1 month low back pain. Has tried and failed conservative treatment including PT, OTC and prescription medications. Has previous history of lumbar spine surgery.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</td>
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<td>Patient reports headache, localized back pain. Patient was involved in MVA one week prior to 10/22/17. Patient has not improved with therapy, experiencing tenderness upon exam. Patient tried ibuprofen and icing with no improvement. x-ray does show slight; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; difficulty staying seated for any length of time due to pain and he has issue holding and playing with his young child.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</td>
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<td>Patient stated his hip pain is now moving across his back and shooting down the back of the leg on the right side. Patient stated the left side is not much better.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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<td>Patient states the pain is worsening since her last visit and it has been going on since June 2017; conservative treatment for sciatic has failed and exercises for sciatica has failed also; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Doctor states right straight leg raise is positive and has been taking medication; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</td>
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Patient with Chronic Back pain. Reports he has been in a car wreck in the past however the back pain has worsened after falling this summer. He had CT in ER that shows broad based disc bulge L5-S1. He has continued intermittent pain with activity in hi; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Patients was prescribed orally medications for pain as well as back exercises but symptoms are not any better.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Patient symptoms are not better.

Please see attached clinicals.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Has been seeing physician for lumbar and cervical spine pain since 12/31/2012; There has been treatment or conservative therapy.; Low back and cervical spine pain; Gabapentin since 12/31/2012. Parafon Forte since 04/23/2014. Mobic 01/12/2016. Was seeing a chiropractor in 2016 but got to be too painful (Per patient); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MR5, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Post op lumbar surgery 08/11/2017.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above pt had an x-ray that shows Degenerative disc disease; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pt is complaining of weakness and numbness in legs. xray showed disc disease back in July; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Pt has attempted PT w/ no relief; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above pt has done physical therapy in 5/2017 with no improvement.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above
General/Family Practice Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Pt has finished physical therapy and he has also failed steroids and medical therapy. Will need MRI as he is getting worse. Pain radiates down both hips. Severe lower back pain with sciatica. Noted that strength in right leg has decreased 3/5 compared;
The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; He is slow to transfer from sitting to walking and gait is slow and careful. Strength of the right leg is decreased to 3/5 when compared to the left 5/5.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Pt has lumbar radiculopathy and lower back pain.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.

Pt has to physically lift her right leg to move she has numbness from her knee down; This study is being ordered for Inflammatory/Infectious Disease.; 12/8/2016; There has been treatment or conservative therapy.; pt has increased pain, tingling in her right lower extremity, she is unable to lift her right leg; Rest, medication, steroid, Ice; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Pt has tried at home therapies, pain medication, ice, rest and heat without relief; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt has weakness in legs and back area; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Pt suffers with neurogenic claudication, with numbness and tingling. PT for 2 months.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

PT WAS SEEN 10/10/17 FOR MIDLINE LOW LUMBAR PAIN WITH POSITIVE COCCYX TENDERNESS. DID XRAYS OF LUMBAR SPINE THAT SHOWED MILD DDD AT LUMBAR SPINE BUT SACRUM AND COCCYX WERE UNREMARKABLE IN APPEARANCE.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

PT with known annular tear to L5-S1, mild central disc protrusion 2nd to annular tear per MRI 2013, recurrent and chronic pain to low back with radiation rt lower extremity, c/o needle/pins to lower extremity; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above
Pt. c/o of worsening pain with strenuous activity; pain in upper legs described as a burning aching pain worse while resting after activity. Rates worst pain at 9.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; BACK: limited range of motion due to pain and muscle spasms of the lower lumbar spine, there is moderate tenderness over the SI joints bilaterally, there are no focal point tender areas. . RIGHT, L4 point tenderness with tapping causing shooting electric; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

pt. has an abnormal xray that suggests pt to have mri of lumbar. pt has back pain radiating down right leg and decreased popliteal reflex; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; decreased popliteal reflexes

Reduce reflex on left side, straight leg produces pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

See attached; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/09/2016; There has been treatment or conservative therapy.; pain unit, steroid pack and injections, physical therapy with chiropractor; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

She is not having pain in the right leg. She stands a lot and has to lift a lot at work. The pain is in her left SI joint area, buttocks and radiates down her left leg. No weakness in the leg. She also says her arms will tingle and go to sleep when she li; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above

The patient is complaining of mid back pain. He denies saddle anesthesia and associated bowel or bladder dysfunction. Patient states pain level today on a scale of 0-10 is 6/10.; This study is being ordered for trauma or injury.; Around 2 months ago.&amp;#039;D; Was seen in clinic on 11/2/17, 11/10/17, and 12/1/17. Has been doing physical therapy since first of November.; There has been treatment or conservative therapy.; Pain in mid to lower back that radiates down both legs with muscle spasms noted in thoracic region; Physical therapy since 11/7/17 and on going but patient says no relief in pain.&amp;#039;D; Lidocaine patches, with Ibprofen (800 mg) twice daily since 11/2/17 and Mobic since 11/10/17; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
The patient potentially needs another surgery but needs an update MRI in order to get in with the surgeon; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; pain of the cervical spine with radicuopathy and low back pain with radicuopathy, the patient has trouble walking and is using a cane; pt has been given muscle relaxers and anti inflammatories, he has completed Physical therapy, the patient has seen a spine dr and was given an injection in the spine which made him worse; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The patient has not completed 6 weeks of physical therapy.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient has had back pain for over 4 weeks.; The patient has been treated with medication.; The patient was treated with an Epidural.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient has not completed 6 weeks of physical therapy.; The patient has a new foot drop.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.
The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient does not have new or changing neurologic signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture. 

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; the patient was treated with a facet joint injection.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient was treated with an Epidural.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.

The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.

The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has Neurological abnormalities; This procedure is being requested for Trauma or recent injury

The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has Symptoms or x-ray evidence of a recent fracture; This procedure is being requested for Trauma or recent injury

The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has Symptoms or x-ray evidence of a recent fracture; This procedure is being requested for Trauma or recent injury
The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Follow-up to surgery or fracture within the last 6 months; The patient been seen by or the ordering physician is a neuro-specialist, orthopedist, or oncologist.

The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits.

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection.

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine.

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks.

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s).

The study requested is a Lumbar Spine MRI.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection.

The study requested is a Lumbar Spine MRI.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s); The patient has Neurological deficit(s).

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality.

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s); The patient has Neurological deficit(s); The patient has Neurological deficit(s).

This all began with a fall on the snow on Jan 8, 2017. She was seen in the ER that day. Since then, he has tried anti-inflammatory medications, steroid injections, a chiro referral that resulted in still positive radiculopathy signs. She has also been seen; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms; The patient does not have new signs or symptoms of bladder or bowel dysfunction; The patient does not have a new foot drop; There is x-ray evidence of a recent lumbar fracture.

This all began with a fall on the snow on Jan 8, 2017. She was seen in the ER that day. Since then, he has tried anti-inflammatory medications, steroid injections, a chiro referral that resulted in still positive radiculopathy signs. She has also been seen; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms; There is weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction; The patient does not have a new foot drop; There is x-ray evidence of a recent lumbar fracture.

Tingling in the left side of the body and foot. LBP and LLE radiculopathy; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above.

unable to dorsiflex to right foot; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above.
| General/Family Practice Approval | 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST | unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture. |
| General/Family Practice Approval | 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST | 1 |
| General/Family Practice Approval | 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST | unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; leg weakness, low back weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture. |
| General/Family Practice Approval | 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST | 1 |
| General/Family Practice Approval | 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST | Unknown; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above |
| General/Family Practice Approval | 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST | 1 |
| General/Family Practice Approval | 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST | Unknown; This study is being ordered for trauma or injury.; 11/11/2017; There has not been any treatment or conservative therapy.; acute lower thoracic pain and complaints of no sensation to posterior mid chest to mid thigh bilateral; One of the studies ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology |
| General/Family Practice Approval | 72191 CT ANGIOGRAPHY PELVIS | This is a request for a pelvis CT angiography. |
| General/Family Practice Approval | 72192 CT PELVIS WITHOUT CONTRAST | &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered because of a suspicious mass/ tumor.; "The patient has a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT |
| General/Family Practice Approval | 72192 CT PELVIS WITHOUT CONTRAST | 1 |
| General/Family Practice Approval | 72192 CT PELVIS WITHOUT CONTRAST | &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered due to organ enlargement.; There is ultrasound or plain film evidence of a pelvic organ enlargement.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT |
| General/Family Practice Approval | 72192 CT PELVIS WITHOUT CONTRAST | 1 |
| General/Family Practice Approval | 72192 CT PELVIS WITHOUT CONTRAST | &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are NO documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT |
| General/Family Practice Approval | 72192 CT PELVIS WITHOUT CONTRAST | 1 |
| General/Family Practice Approval | 72192 CT PELVIS WITHOUT CONTRAST | &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT |
| General/Family Practice Approval | 72192 CT PELVIS WITHOUT CONTRAST | 1 |

*Note: The text is partially obscured in the image.*
Patient complains of diarrhea and right side groin, inguinal pain which has gotten worse over the past several weeks. has a history of right inguinal hernial repair about 15 years ago.; This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT

Patient had been working on his house and he was pulling on a counter when he felt a ripping pain in his groin. He had a Hernia repair 26 years ago and is afraid that it might be a torn hernia repair.; This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is NO physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT

Patient having left groin pain, severe. ultrasound was done and mass was seen need CT so patient can be referred to specialist.; This study is being ordered because of a suspicious mass/tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study.;" This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT

PT. COMPLAINS OF PAIN IN THE RIGHT TESTICLE AND PAIN IN THE RIGHT INGUINAL AREA. ON PHYSICAL EXAM, DR. MONFEE FOUND A RIGHT INGUINAL MASS WITH RETRACTED RIGHT TESTICLE. HE HAS A HISTORY OF A RIGHT INGUINAL HERNIA.; This study is being ordered because of a suspicous mass/tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study.;" This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT

R/O incarceration from incisional hernia; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT

The Pt has had mass for several years, grown in size.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; The patient is presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT

The Pt has had mass for several years, grown in size.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT
This study is being ordered due to known or suspected vascular disease.; The ordering physician is not a surgeon or PCP who is ordering on behalf of a surgeon who has seen the patient.; There is NOT plain film, ultrasound or Doppler evidence of a vascular abnormality.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT.

WORSENING ABDOMEN PAIN WITH REBOUND TENDERNESS WITH ELEVATED TEMPERATURE.; This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT.

<&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

<&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

<&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; MARCH 2017*; There has been treatment or conservative therapy.; FAX; STEM CELL INJECTION* RX* OTC* ICE/HEAT*; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

<&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; 1992; There has been treatment or conservative therapy.; compression, surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

<&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.; This study is being ordered for Inflammatory/Infectious Disease.; patient has had problem since April. She did PT which resolved problem then, now having pain again.; There has been treatment or conservative therapy.; tenderness to R SI joint; Physical Therapy and Medrol dose pak; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 
This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 
This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;
Pt is needing to have a MRI Abdomin+Pelvis with contrast done. Pt has an abdominal mass.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

r/o IBS AND ADHENSION RELATED PAIN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 years ago; There has been treatment or conservative therapy.; right and left lower abdominal quadrant pain, intermittent abdominal pain from right to left which are chronic; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

The Pt had CT of ches 12/08/2017, central lobular emphysema. Indeterminate renal lobe mass lesion.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A tumor or mass was noted on previous imaging.; An abnormality was found in the ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.

This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury. This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.

This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.

This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?

ultrasound was inconclusive. know there is a "cyst" but can not tell from ultrasound if it is on the ovary or the uterus; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.

There is a history of upper extremity joint or long bone trauma or injury.; This is a request for an Arm CT Non Joint; Yes this is a request for a Diagnostic CT

This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT

This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT
This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT. There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or joint infection.; Yes this is a request for a Diagnostic CT.

Yes, this is a request for CT Angiography of the upper extremity.

This study is being ordered for trauma or injury.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.

The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.

The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.

The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.

The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.
| General/Family Practice Approval | 73220 MRI UPPER EXTREMITY, NOT A JOINT | The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis. |
| General/Family Practice Approval | 73221 MRI JOINT OF UPPER EXTREMITY | Enter answer here - or Type In Unknown If No Info Given. | The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear. |
| General/Family Practice Approval | 73221 MRI JOINT OF UPPER EXTREMITY | Enter answer here - or Type In Unknown If No Info Given. | The requested study is a Shoulder MRI.; The study is not requested for any of the standard indications for Knee MRI; It is not known if the study is requested for shoulder pain. |
| General/Family Practice Approval | 73221 MRI JOINT OF UPPER EXTREMITY | Enter answer here - or Type In Unknown If No Info Given. | One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology |
| General/Family Practice Approval | 73221 MRI JOINT OF UPPER EXTREMITY | Enter answer here - or Type In Unknown If No Info Given. | One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology |
| General/Family Practice Approval | 73221 MRI JOINT OF UPPER EXTREMITY | Enter answer here - or Type In Unknown If No Info Given. | One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. |
| General/Family Practice Approval | 73221 MRI JOINT OF UPPER EXTREMITY | Enter answer here - or Type In Unknown If No Info Given. | One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. |
| General/Family Practice Approval | 73221 MRI JOINT OF UPPER EXTREMITY | Enter answer here - or Type In Unknown If No Info Given. | Medication - OTC Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. |
| General/Family Practice Approval | 73221 MRI JOINT OF UPPER EXTREMITY | Enter answer here - or Type In Unknown If No Info Given. | Surgery, Oncology, Surgical Oncology or Radiation Oncology |
| General/Family Practice Approval | 73221 MRI JOINT OF UPPER EXTREMITY | Enter answer here - or Type In Unknown If No Info Given. | One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology |
| General/Family Practice Approval | 73221 MRI JOINT OF UPPER EXTREMITY | Enter answer here - or Type In Unknown If No Info Given. | One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology |
| General/Family Practice Approval | 73221 MRI JOINT OF UPPER EXTREMITY | Enter answer here - or Type In Unknown If No Info Given. | One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology |
| General/Family Practice Approval | 73221 MRI JOINT OF UPPER EXTREMITY | Enter answer here - or Type In Unknown If No Info Given. | One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology |
General/Family Practice Approval 73221 MRI JOINT OF UPPER EXTREMITY

The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Hydrocodone Flexural; The patient received medication other than joint injections(s) or oral analgesics.

General/Family Practice Approval 73221 MRI JOINT OF UPPER EXTREMITY

The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.

General/Family Practice Approval 73221 MRI JOINT OF UPPER EXTREMITY

There is not a suspicion of fracture not adequately determined by x-ray.; The request is for shoulder pain.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.

General/Family Practice Approval 73221 MRI JOINT OF UPPER EXTREMITY

Abnormal x-ray.; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Home exercise for shoulder pain and did not improve. Done for over six weeks.; The patient received oral analgesics. Hip pain; This study is being ordered for trauma or injury.; over 6 mos.; There has been treatment or conservative therapy.; back pain numbness in fingers; Medication physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

General/Family Practice Approval 73221 MRI JOINT OF UPPER EXTREMITY

Limited range of motion due to pain and muscle spasms of lower lumbar spine. Moderate tenderness over the SI joints bilaterally. Left shoulder effusion moderate to large with crepitus an cracking over extremes of flexion and extension. Rotation is painful; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics. loss of range of motion, ib profren, heat and stretching.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The request is for shoulder pain.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.
may have reinsured it taking the roof off a truck two weeks ago. In severe pain now.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; August 1 2017; There has been treatment or conservative therapy.; pain, unable to sleep, no alleviated by any conservative measures for over 8 weeks. positive impingement maneuvers. positive cross arm test on both arms. xrays show acromioclavicular arthritis otherwise normal.; Physical therapy, steroid injections, Home exercise program and change in activity level and NSAIDS for over 8 weeks. not any better, worse severe pain now. suspected rotator cuff tears.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

None; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Pt was given pain medications; The patient received medication other than joint injections(s) or oral analgesics.

NUMBNESS; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.

Patient presents with right shoulder pain for greater than 3 months. Unable to lift arm over head, has some tingling and numbness.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.

Persistent shoulder pain with no improvement with PT. Physical Therapist suggested MRI. Patient felt something pop and pain has been consistent since this.; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.

PT HAS COMPLETED 3 MONTHS OF CONSERVATIVE TREATMENT AND HAS NO IMPROVEMENT.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The request is for shoulder pain.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.

R/O Injury; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; PREDNISONE Tapper given; The patient received medication other than joint injections(s) or oral analgesics.
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<th>General/Family Practice</th>
<th>Approval</th>
<th>73221 MRI JOINT OF UPPER EXTREMITY</th>
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<td><strong>Shoulder pain x 2 weeks. No injury or accident. Difficulty with ROM. Cannot lift above 90 degrees. Does not hurt while touching. Using aspcreams, icing it.</strong> Received steroid injection, did not help.; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.</td>
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<td><strong>SOFT TISSUE MASS</strong>; The requested study is a Shoulder MRI.; The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal; The study is not requested for shoulder pain.**</td>
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<td>The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; It is not known if there is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.</td>
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<td>The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.</td>
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<td>The requested study is a Shoulder MRI.; <strong>The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.</strong>;</td>
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<td>The requested study is a Shoulder MRI.; <strong>The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.</strong>; &lt; Enter answer here - or Type In Unknown if No Info Given. &gt;</td>
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<td>The requested study is a Shoulder MRI.; <strong>The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.</strong>; c/o right shoulder pain, anterior, lateral, exacerbated by overhead activities, difficulty sleeping on affected side; palpation elicits tenderness over front and back of shoulder decreased internal and external range of motion positive impingement sign. r</td>
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<td>The requested study is a Shoulder MRI.; <strong>The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.</strong>; decrease external rotation</td>
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<td>The requested study is a Shoulder MRI.; <strong>The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.</strong>; FAX</td>
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<td>The requested study is a Shoulder MRI.; <strong>The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.</strong>; pt is experiencing strong pain in shoulder and physician suspect pt may have rotator cuff tear.</td>
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The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; pt was playing volleyball around 10/7/17 and right shoulder popped. Immediate numbness and tingling after shoulder popped. Seen on 10/7/17 given prednisone and instructed to take OTC NSAIDs and return in 2 weeks. Pt still with numbness, pain and tingling on.

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; rotator cuff tear

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; suspected tear

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; trouble moving arms over head, limited ROM, ice therapy/resting/elevation, taking Meloxicam and Steroids.

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Unknown

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.;

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Mechanism of injury: c/o recurrent pain recently after golf and bowling.. &amp;#x0D; Immediate symptoms: immediate pain, delayed pain, immediate swelling, delayed swelling. Symptoms have been worsening since that time. &amp;#x0D; Prior history of related problems: no prior

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; patient has left shoulder internal derangement

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Patient presents with 8 months of chronic shoulder pain that has worsened in the last month. Pain with reaching out to the side and reaching behind him.

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; RIGHT SHOULDER PAIN, weakness; catching/locking. Special Tests Right: O'Brien's test positive and empty can sign positive.
The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist. 17

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; The patient has a documented limited range of motion on physical examination.; It is not known if there is documented findings of severe pain on motion. 2

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; The patient has documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion. 6

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion. 173

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; There are no documented findings of crepitus.; There are no documented findings of swelling.; The ordering physician is not an orthopedist.; The patient is NOT experiencing joint locking or instability.; The patient does not have a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion. 1

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; There are no documented findings of crepitus.; There are no documented findings of swelling.; The ordering physician is not an orthopedist.; Tenderness, stiffness, pt has had arthro done with no relief; The patient is NOT experiencing joint locking or instability.; The patient does not have a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion. 1

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The patient does not have a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion. 1

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; There are no documented findings of crepitus.; There are no documented findings of swelling.; The ordering physician is not an orthopedist.; Unknown; The patient is experiencing joint locking or instability.; The patient does not have a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion. 1

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.;
The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; &lt; Enter answer here - or Type In Unknown if No Info Given. &gt; 3

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; 7/18/17 first visit say no pain pills work. 1

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; FAX 1

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Looking for rotator cuff tear/cant lift above her head/heard popping sound when it happened 1

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; None 1

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; On-going pain for 6 weeks, cannot raise arm above 90 degrees and cannot reach behind her back, has tingling in fingers at times as well. feels like should re-positions itself and makes noises when moving. 1

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Patient has had a previous rotator cuff surgery to the left shoulder in the past , patient reported he was unloading bags of feed and felt something pop in his left shoulder, has experienced pain that will not go away. 1

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; PHYSICAL THERAPIST IS RECOMMENDING MRI, HAS A PARTIAL TEAR 1

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Prednisone since 10/30/2017 Tylenol , Aleve, decreased range of motion and pain shoulder x-ray on 11/9/2017 came back negative 1

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Pt has ATV accident a week ago, and he landed on shoulder; r/o rotator cuff tear; x-ray was unremarkable; suggested MRI. 1

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Patient suffered an injury on 10/21/2017. 1

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Pt suffered an injury on 10/21/2017. 1

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; R/O rotator cuff tear. 1

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Shoulder pain, stiffness, limited ROM 1
The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; unknown

The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient is experiencing joint locking or instability.

The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient is NOT experiencing joint locking or instability.; The patient has a documented limited range of motion on physical examination.

The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were not normal.

The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The results of the plain films is not known.; It is not known if the patient is experiencing joint locking or instability.; The patient has a documented limited range of motion on physical examination.

The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).
The requested study is a Shoulder MRI.; The pain is described as chronic.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy.

The requested study is a Shoulder MRI.; The pain is described as chronic.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient recevied joint injection(s).

The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthrosopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.

The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy.

The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient recevied joint injection(s).

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint. The patient has been treated with and failed a course of four weeks of supervised physical therapy.

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.
This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.

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This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.

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This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.

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<table>
<thead>
<tr>
<th>General/Family Practice</th>
<th>Approval</th>
<th>73221 MRI JOINT OF UPPER EXTREMITY</th>
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<tbody>
<tr>
<td></td>
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<td>unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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<td>unknown; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.</td>
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<tr>
<td></td>
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<td>This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT</td>
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<td>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; October 1, 2017; There has been treatment or conservative therapy.; Bilateral hip pain decreased range of motion of hips.; Patient has been taking pain medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>Enter answer here - or Type abnormal findings on xray; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for a foot CT.; &quot;There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.&quot;.; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT</td>
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<td></td>
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<tr>
<td>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; &quot;There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.&quot;.; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; &quot;There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.&quot;.; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT</td>
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This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.".; There is a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT.

This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT.

This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.".; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT.

This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT.

CTA Lower extremities has a positive find of blockage in the lower extremities found on an Arterial Ultra sound that was performed. &lt;#v0D;&gt; &lt;#v0D;&gt; CT-Absdomen and Pelvis is in regards for the kidneys. Patient has had multiple UA's with positive blood.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Yes, this is a request for CT Angiography of the lower extremity.

&amp;lt; Enter answer here - or Type In Unknown If No Info Given. &amp;gt; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.

&amp;lt; Enter answer here - or Type In Unknown If No Info Given. &amp;gt; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; There is no symptom of locking,Instability,Swelling,Redness,Limited range of motion or pain.

&amp;lt; Enter answer here - or Type In Unknown If No Info Given. &amp;gt; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.
This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; It is not known if there is a suspected meniscus, tendon, or ligament injury.; It is not known if surgery or arthroscopy is scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.

This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; Pain, effusion in right knee; Medication, surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.

This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.

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This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; Pain, effusion in right knee; Medication, surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

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This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Significant pain in bilateral knees. Reports that he previously worked in a tire shop. Went to chiropractor two years ago and was told that his hips are offset. Reports that he has constant popping in hips but minimal pain. No family h; There has been treatment or conservative therapy.; Musculoskeletal: No back pain and no muscle aches. Pain localized to one or more joints bilateral knees.; Date of Service 07/25/2017. Patient seen and received Kenalog 80mg and Toradol 60mg IM for pain. Also advised patient he may take OTC Aleve or IBU.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

2 weeks ago she was working in yard and knee started to ache. Walking makes it worse. It’s a sharp pain with some swelling.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.

Injured it, went to urgent care, swelling, tenderness, x-ray at urgent care, 9/21/2017 no acute findings, given a steroid injection and been on Meloxicam, ordered him a knee brace, presented on the 10th of October. Doctor suspects meniscal tear, anti infl; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

Bilateral knee pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. COMPLAINS OF RIGHT KNEE PAIN THAT HAS BEEN PRESENT FOR A YEAR, STATES PAIN IS WORSE WHEN SHE IS UP AMBULATING FOR AWHILE, HAS BEEN TAKING IBU PROFEN WITHOUT MUCH RELIEF, LATERAL McMURRAY POSITIVE; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days of progression.

General/Family Practice Approval 73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT
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<td>Left knee pain after motorcycle wreck. Knee swelling and popping. Pain when he gets up; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.</td>
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<td>leg pain, lesion on femur, weight loss; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>Member fell around 10-21-2017 and felt a popping in her knee and in the fall she broke her left hand which was treated first; now they are treating the knee. Swelling, popping and is aggravated by walking, stepping and climbing.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.</td>
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<td>none; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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<td>None; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determinied by x-ray.; The study is requested for ankle pain.; It is not known if there is a suspicion of tendon or ligament injury.</td>
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<td>osteomyelitis; This is a request for a foot MRI.; The study is not being ordered for foot pain, known dislocation, infection, suspected fracture, known fracture, pre op, post op or a known/palpated mass.</td>
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<td>PATIENT IS HAVING HORRIBLE PAIN IN LEFT KNEE AND IT IS STARTING TO GET WORSE.; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.</td>
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<td>patient presents with knee pain. knee swelling, stiffness and locking. Previous knee x-ray confirms loose body within the suprapatellar pouch. The donor site appears to be the anterior aspect of the lateral femoral condyle. recommend MRI for further eval; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.</td>
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<td>pt has history of meniscus tear and has re-injured left knee recently. unable to walk with out walker and is currently in straight leg brace. needs to see ortho asap but needs mri first; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.</td>
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<td>pt having left knee instability. knee gives out. decreased ROM, joint swelling, pain with climbing stairs. hx of mva with repair to tib fib of same leg. + McMurrays sign; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 6 weeks.</td>
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pt. has an injury in Aug. 2017. pt. still complaining of pain. pt. was set to Phy. therapy for the ankle.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.

Pt. knee painful, increased swelling, difficulty walking.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.

The patient has struggled with persistent bilateral knee pain and swelling since 07/2017. She has tried and failed conservative treatment. Bilateral meniscal injuries are suspected.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

The Pt has history of 6 prior athoscopic surgeries on right knee. Pt had positive McMurrays tes.; Suspected meniscal tear.; This is a request for a Knee MRI.; The study is requested for knee pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.

This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition. 1

This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks. 2

This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion. 3

This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks. 4

The patient received oral analgesics. 1

This is a request for a Knee MRI.; The study is requested for knee pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; The Pt started 10/03/2017 exercise and stretching Heat,cold, muscle relaxers, no relief; The patient received oral analgesics. 1

This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition. 6

This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks. 7

This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion. 2
This is a request for a foot MRI.

"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."

There is not a suspected tarsal coalition.

The patient has been treated with and failed a course of supervised physical therapy.

The patient does not have a documented limitation of their range of motion.

1

This is a request for a foot MRI.

"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."

There is not a suspected tarsal coalition.

The patient has not used a cane or crutches for greater than four weeks.

The patient has not been treated with and failed a course of supervised physical therapy.

The patient has been treated with anti-inflammatory medications in conjunction with this complaint.

The patient does not have a documented limitation of their range of motion.

1

This is a request for a foot MRI.

"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."

There is not a suspected tarsal coalition.

The patient has not used a cane or crutches for greater than four weeks.

The patient has not been treated with and failed a course of supervised physical therapy.

This is not for pre-operative planning.

The patient does not have a documented limitation of their range of motion.

2

This is a request for a foot MRI.

"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."

There is not a suspected tarsal coalition.

The patient has a documented limitation of their range of motion.

9

This is a request for a foot MRI.

"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."

There is not a suspected tarsal coalition.

The patient has not used a cane or crutches for greater than four weeks.

The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.

This is not for pre-operative planning.

The patient does not have a documented limitation of their range of motion.

1
This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."

This is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning; The patient does not have a documented limitation of their range of motion.

This is a request for a foot MRI.; Surgery or other intervention is planned in the next 4 weeks.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.

This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a protective boot for at least 4 weeks.

This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with crutches for at least 6 weeks.

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Instability

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Limited range of motion

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Locking

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Instability; Yes, the member experience a painful popping, snapping, or giving away of the knee.

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Limited range of motion; Yes, the member experience a painful popping, snapping, or giving away of the knee.

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Swelling greater than 3 days; No, the member do not experience a painful popping, snapping, or giving away of the knee.

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Swelling greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.
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This is a request for a Knee MRI; The ordering physician is not an orthopedist; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Instability; Yes, the member experience a painful popping, snapping, or giving away of the knee. 6

This is a request for a Knee MRI; The ordering physician is not an orthopedist; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Limited range of motion; Yes, the member experience a painful popping, snapping, or giving away of the knee. 12

This is a request for a Knee MRI; The ordering physician is not an orthopedist; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Limited range of motion; No, the member do not experience a painful popping, snapping, or giving away of the knee. 2

This is a request for a Knee MRI; The ordering physician is not an orthopedist; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Swelling greater than 3 days; It is not known if the member experience a painful popping, snapping, or giving away of the knee. 2

This is a request for a Knee MRI; The ordering physician is not an orthopedist; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Swelling greater than 3 days; No, the member do not experience a painful popping, snapping, or giving away of the knee. 10

This is a request for a Knee MRI; The ordering physician is not an orthopedist; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Swelling greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee. 15

This is a request for a Knee MRI; The ordering physician is not an orthopedist; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability 2

This is a request for a Knee MRI; The ordering physician is not an orthopedist; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability 43

This is a request for a Knee MRI; The ordering physician is not an orthopedist; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Limited range of motion 16

This is a request for a Knee MRI; The ordering physician is not an orthopedist; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Locking 14

This is a request for a Knee MRI; The ordering physician is not an orthopedist; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days 37

This is a request for a Knee MRI; The ordering physician is not an orthopedist; There are no documented physical or laboratory findings of a joint infection.; There are documented physical or plain film findings of delayed or failed healing.; Post-operative Evaluation 1

This is a request for a Knee MRI; The ordering physician is not an orthopedist; There is no suspected meniscus, pre-op or post-op evaluation, non-acute Chronic Pain, suspected tumor or Aseptic Necrosis.; Instability 2
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This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; Patient had x-ray of right knee which indicated that an MRI would benefit to determine the growth noted inferior medial aspect of right knee.; Suspicious Mass or Suspected Tumor/ Metastasis

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications; Yes, the member experience a painful popping, snapping, or giving away of the knee.

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; There is no suspected meniscus, pre-op or post-op evaluation, non-acute Chronic Pain, suspected tumor or Aseptic Necrosis; Pain greater than 3 days

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications

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This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications; Yes, the member experience a painful popping, snapping, or giving away of the knee. 1

This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed exercise program; Yes, the member experience a painful popping, snapping, or giving away of the knee. 1

This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Immobilization 1

This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy 2

This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications 1

This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed exercise program 1

This is a request for a Knee MRI.; The study is not requested for knee pain.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks. 1
This is a request for a Knee MRI.; The study is not requested for knee pain.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has a recent injury.

This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy.

This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient received joint injection(s).

This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.

This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is not a suspected meniscus, tendon, or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.

This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy.

This is a request for a Knee MRI.; This is a request for a Knee MRI.; The ordering physician is an orthopedist.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Non-acute Chronic Pain; Limited range of motion; Limited range of motion

This is a request for a Knee MRI.; This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Non-acute Chronic Pain; Yes, there is a known trauma involving the knee.; Instability; Instability

This is a request for a Knee MRI.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Locking Instability

This is a request for a Knee MRI.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is not an orthopedist.; Pre-operative Evaluation; Instability

This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.

This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.

This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.
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This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.

This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a suspected tarsal coalition. 3

This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion. 2

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion. 2

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion. 2
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unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.  
unknown; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.  
unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 08/10/2016; There has been treatment or conservative therapy.; chronic pain, c/o of buckling and trouble walking; nsaid, PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology  
unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/26/2016 - first encounter, most recent 3/28/2017; There has been treatment or conservative therapy.; contusion of lower leg, other non-specified injuries, calf pain, spasm, rt. knee pain, morbid obesity, pain and joint.; pain management, 11/2016 pt. had a LS CT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
xray of left ankle notes soft tissue deformity; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.

X-rays today show bilateral osteochondral defects; Bilateral Pain Tried 8 wks Physical Therapy &iamsx; anti inflammatories are not helping;iamsx; has not had an MRI;iamsx; Patient feels unstable in both knees;iamsx; We will place him in a medial unloader and order bilateral M; This study is being ordered for trauma or injury.; 10/01/2017; There has been treatment or conservative therapy.; Bilateral Knee pain left greater than right feels unstable in his knees;iamsx; has had some associated swelling Bilaterally;iamsx; has tried Anti Inflammatories without improvement;iamsx; X-rays today show bilateral osteochondral defects; He has tried greater than 8 weeks of physical therapy without improvement; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

E/O aseptic necrosis; This study is being ordered for Inflammatory/ infectious disease.; 11/27/2017; There has been treatment or conservative therapy.; pain in bilateral hips, unable to walk for any length of time, previous abnormal x-rays; x-rays, medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Follow up from a CT scan done an MRI was recommended; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/07/2016; There has been treatment or conservative therapy.; Hip and back pain and osteitis; Pain Management and Tylenol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Frontal view suggests some lucency at the lateral aspect of the left femoral head, an area of lytic change not excluded. Consider further evaluation with hip MRI.; This is a request for a hip MRI.; The member has not failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.

Hard for patient to walk; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/2016; There has been treatment or conservative therapy.; Hip pain, neuropathy; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
This is a request for a hip MRI.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.; The request is not for hip pain.

This is a request for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.

This is a request for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.

This is a request for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.; There is a suspicion of AVN.

I would like to order an MRI of the bilateral hips to look for full-thickness cartilage loss. He does have a pincer and CAM type lesions which could be causing his bilateral hip pain.; This study is being ordered for trauma or injury.; 2002; There has been treatment or conservative therapy.; He describes the pain as sharp and stabbing located within the bilateral groin regions.; The pain radiates to the knee occasionally. Hurts worse with any type of physical activity and ambulation. It is relieved with rest.

He has tried multiple treatments which include self-directed physical therapy anti-inflammatory and Tylenol. None of; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

na; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; October 26 2017; There has been treatment or conservative therapy.; back pain with right sided sciatica.Degenerative disc and joint disease from L3 through S1 with grade 1&##x003A; anterolisthesis of L4 relative to L5 as a result.; Nsaids, steroids, physician directed exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
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This is a request for a hip MRI; This study is not being ordered in conjunction with a pelvic MRI; There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.; There is a suspicion of AVN.; The patient is receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.
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This is a request for a hip MRI; This study is not being ordered in conjunction with a pelvic MRI; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone); The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion. 1

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unknown; This is a request for a hip MRI.; It is not known if the member has failed a 4 week course of conservative management in the past 3 months; The hip pain is chronic.; The request is for hip pain.

Pt has claudication of LE and hx of DVT. ABI is 0.89; Is this a request for one of the following? MR Angiogram lower extremity.

&lIt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged abdominal mass.; Yes this is a request for a Diagnostic CT.

&lIt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study is ordered for something other than staging of a known tumor (not) prostate, known prostate CA with PSA&glt; 10.; abdominal mass, Retroperitoneal mass or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a Diagnostic CT.
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Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; It is not known if there is a palpable or observed abdominal mass.; No, there is not an abdominal and pelvic or retroperitoneal mass that has been confirmed.; Yes this is a request for a Diagnostic CT

Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT

Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient has new lab results or other imaging studies including doppler or x-ray (plain film) findings.; Yes this is a request for a Diagnostic CT

Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Yes this is a request for a Diagnostic CT

Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen CT.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/2016; There has been treatment or conservative therapy.; FLANK PAIN ON RIGHT SIDE, COSTOCHONDRITIS IN STERNUM, ANTIFLAMMATORY MEDS.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Enter answer here - or Type In Unknown If No Info Given. This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Yes this is a request for a Diagnostic CT
This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 months ago; There has not been any treatment or conservative therapy.; unexplained weight loss, down 53lbs without any diet changes or added exercise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

43 year old male patient referred by Dr. Joseph Morgan for evaluation of a periumbilical abdominal mass/bulge. The patient first noticed the area a couple of months ago and it has continued to grow. It grows larger when going from lying flat to sitting up; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Yes this is a request for a Diagnostic CT

A 109 mm cyst on left kidney. 9mm nodule in right lobe of lung.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/7/2017; There has not been any treatment or conservative therapy.; Abnormal CT. Recommended follow up in 6 months.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Abdominal Pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT.

bloating constipation gas; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Yes this is a request for a Diagnostic CT.
Eddie is a 37 yo WM who presents to the clinic with c/o umbilical hernia that became large and painful on 11/24/17 when he was lifting tile. He was able to reduce it. UMBILICAL HERINA, PERIUMBILICAL ABD PAIN; This is a request for an Abdomen CT; This study is being ordered for trauma.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are no physical findings or lab results indicating an intra-abdominal bleed.; Yes this is a request for a Diagnostic CT Elevated liver lab results; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &\#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &\#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT 1

fluctuating uncontrollable blood pressure; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &\#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &\#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT 1

None; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT 1

Having RUQ &amp; LUQ pain ultrasound is within normal limits. Patient still having UQ pain. Needing to evaluate abdomen for possible mass.; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT 1

MBR Is having spells of hyperglycemia with severe nausea, not diabetic.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &\#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &\#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT 1

None; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT 1

UMBILICAL HERINA, PERIUMBILICAL ABD PAIN; This is a request for an Abdomen CT; This study is being ordered for trauma.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are no physical findings or lab results indicating an intra-abdominal bleed.; Yes this is a request for a Diagnostic CT

Elevated liver lab results; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &\#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &\#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT 1

foreign object in abdomen seen on xray 10/10/2017; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &\#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &\#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT 1

Having RUQ &amp; LUQ pain ultrasound is within normal limits. Patient still having UQ pain. Needing to evaluate abdomen for possible mass.; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT 1

MBR Is having spells of hyperglycemia with severe nausea, not diabetic.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &\#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &\#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT 1

None; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT 1
none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; Large Hernia with shortness of breadth.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Non-specific abdominal abnormality on ultrasound Pt having significant abdominal pain for several months now. Plain film Xray shows constipation. Ultrasound of Liver showed concern. Pt also has elevated Lipase and Hep A Indeterminant.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &x; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT

Patient had a liver Ultrasound. The results were abnormal appearance of the liver with fatty replacement and scattered hypoechoic lesions. Correlation with CT recommended.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &x; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &x; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT

Protrusion noted to right abdominal area next to umbilicus. Non-tender. Approx.2.5x1.5 in.; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT

pt c/o of pain in right upper quadrant.; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT

pt has not bowel movement in x2wks and can not pass gas. pt also having abdominal pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &x; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &x; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT
PT IS HAVING A LOT OF PAIN IN ABDOMEN. PT DOESN'T HAVE STONES BUT NEEDS TO BE RULED OUT AND PT HAS BEEN COMPLAINING ABOUT PAIN FOR THE LAST WEEK AND NO MEDICATION IS HELPING HE PAIN. THE PT ISN'T ABLE TO KEEP FOOD IN HER STOMACH; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Which organ is enlarged? Don't know; Yes this is a request for a Diagnostic CT

Pt suffers with ongoing abdominal. Gall bladder ct and Ultrasound performed.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &x; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &x; Known or suspected infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; It is not known if there are findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT

Recently diagnosed with diverticulosis. Abdominal and lower back pain, having bloody stool; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn’s disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; It is not known if there are findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT

severe weight loss greater than 20lbs, intractable nausea and vomiting uncontrolled w/meds; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; It is unknown if the patient has new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT

Significantly elevated liver enzymes with mildly low platelets - likely due to fatty liver disease - will have an MA set up an abdominal CT to further eval the liver and spleen.; This is a request for an Abdomen CT.; This study is being ordered for a vascular disease.; The requested studies are not being ordered for known or suspected aneurysms, hematoma, or blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; There is no evidence of vascular abnormality seen on plain film and/or Ultrasound/ Doppler.; There are no symptoms or findings to indicate the member has internal abdominal and or pelvic bleeding such as hematoma or hemorrhage.; Yes this is a request for a Diagnostic CT

There is no evidence of vascular abnormality seen on plain film and/or Ultrasound/ Doppler.; There are no symptoms or findings to indicate the member has internal abdominal and or pelvic bleeding such as hematoma or hemorrhage.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Yes this is a request for a Diagnostic CT
This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for initial staging of a known tumor other than prostate.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is a request for initial staging of a known tumor other than prostate.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; Yes, there is a Is there an abdominal and pelvic or retroperitoneal or abdominal mass that has been confirmed.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; No, there has not been a recent abdominal CT scan.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; There is a kidney/ureteral stone.; There is a known or a strong suspicion of kidney or ureteral stones.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for a diagnostic mass or tumor.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; It is not known if there are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is a suspicion of an adrenal mass.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Yes this is a request for a Diagnostic CT
This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is a suspicion of an adrenal mass.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There is suspicion of renal mass.; The suspicion of a renal mass was suggested by an Ultrasound.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Acute Non-ulcerative Colitis.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Diverticulitis.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT
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| This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT besides kidney/Ureteral stone, &Rx0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &Rx0D; Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of Hematuria.; Yes this is a request for a Diagnostic CT 9  
| General/Family | Practice | Approval | 74150 CT ABDOMEN WITHOUT CONTRAST |  
| This is a request for an Abdomen CT.; This study is being ordered for another reason besides kidney/Ureteral stone, &Rx0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &Rx0D; Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Yes this is a request for a Diagnostic CT 3  
| General/Family | Practice | Approval | 74150 CT ABDOMEN WITHOUT CONTRAST |  
| This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Yes this is a request for a Diagnostic CT 9  
| General/Family | Practice | Approval | 74150 CT ABDOMEN WITHOUT CONTRAST |  
| This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are physical findings or lab results indicating an intra-abdominal bleed.; Yes this is a request for a Diagnostic CT 3  
| General/Family | Practice | Approval | 74150 CT ABDOMEN WITHOUT CONTRAST |  
| This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; Yes this is a request for a Diagnostic CT 1  
| General/Family | Practice | Approval | 74150 CT ABDOMEN WITHOUT CONTRAST |  
| umbilical hernia presents for several years; This is a request for an Abdomen CT.; This study is being ordered for another reason besides kidney/Ureteral stone, &Rx0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &Rx0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT 1  
| General/Family | Practice | Approval | 74150 CT ABDOMEN WITHOUT CONTRAST |  
| umbilicus tender r/o incarceration; This is a request for an Abdomen CT.; This study is being ordered for another reason besides kidney/Ureteral stone, &Rx0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &Rx0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT 1  
| General/Family | Practice | Approval | 74150 CT ABDOMEN WITHOUT CONTRAST |  
| unexplained abdominal pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides kidney/Ureteral stone, &Rx0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &Rx0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT 1  
| General/Family | Practice | Approval | 74150 CT ABDOMEN WITHOUT CONTRAST |  
| unexplained abdominal pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides kidney/Ureteral stone, &Rx0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &Rx0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT 1  

unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Urine frequency; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &R/O; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &R/O; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT

US of liver is incomplete. Unable to visualize the pancreatic head and there is a small, low density lesion in the liver, both of which can be better visualized using CT.; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT; will fax; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &R/O; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &R/O; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT

x ray done on 11/02; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Which organ is enlarged? Liver; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT &It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

abnormal liver u/s.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; report of AAA of 4.9, ascites throughout abdomen, Gallbladder with sludge and stones, thickness to his liver, so the radiologist is requesting this CTA chest, abdomen and pelvis. Patient is there waiting to see; There has been treatment or conservative therapy.; He states that right around when he started taking the Meloxicam he noticed that all food and liquids taste bitter. He stopped the Meloxicam after 3 days but his symptoms have worsened. He's had a decreased appetite bc everything tastes bitter, the only h; report of AAA of 4.9, ascites throughout abdomen, Gallbladder with sludge and stones, thickness to his liver, so the radiologist is requesting this CTA chest, abdomen and pelvis. Patient is there waiting to see; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
This is a request for CT Angiography of the Abdomen and Pelvis.

UA results show no infection. Pt c/o frequency and urgency with hematuria. Other labs - CBC and CMP are within normal limits.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; October 14, 2017; There has not been any treatment or conservative therapy.; Two episodes of gross hematuria in the last 2 weeks - both painless. No flank pain, no abdominal pain, no burning with urination, no fever or chills or nausea or vomiting. Has had lack of energy and fatigue over the last month. No vaginal bleeding.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/24/2017; There has been treatment or conservative therapy.; Pt has chest pain, Vertigo, gastric reflux.; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

stress echo 12/21/17 showed enlarged aortic root 4.2 cm at coronary sinus; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; DOUBLE STUDY + THEY ARE BOTH ANGIOS IS GOING TO EQUAL AUTOMATIC REVIEW. WILL JUST UPLOAD NOTE.; There has not been any treatment or conservative therapy.; DOUBLE STUDY + THEY ARE BOTH ANGIOS IS GOING TO EQUAL AUTOMATIC REVIEW. WILL JUST UPLOAD NOTE.&\r\n
stress echo 12/21/17 showed enlarged aortic root 4.2 cm at coronary sinus; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONT

Yes, this is a request for CT Angiography of the abdomen.

74176 CT ABD & PELVIS W/O CONTRAST

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT
This is a request for an abdomen-pelvis CT combination. This study is being requested for abdominal and/or pelvic pain. The study is being ordered for acute pain. There has been a physical exam. The patient is male. A rectal exam was not performed. Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination. This study is being requested for abdominal and/or pelvic pain. The study is being ordered for chronic pain. This is not the first visit for this complaint. There has been a physical exam. The patient is female. A pelvic exam was not performed. Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination. This study is being requested for abdominal and/or pelvic pain. The study is being ordered for chronic pain. This is not the first visit for this complaint. There has been a physical exam. The patient is female. A pelvic exam was performed. The results of the exam were normal. The patient had an Ultrasound. The Ultrasound was normal. A contrast/barium x-ray has been completed. The results of the contrast/barium x-ray were normal. The patient did not have an endoscopy. Yes this is a request for a Diagnostic CT.

This study is being ordered for a metastatic disease. There are 2 exams are being ordered. One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This is a request for an abdomen-pelvis CT combination. This study is being requested for abdominal and/or pelvic pain. The study is being ordered for chronic pain. This is not the first visit for this complaint. There has been a physical exam. The patient is male. It is not known if a rectal exam was performed. Yes this is a request for a Diagnostic CT.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease. Enter date of initial onset here - or Type In Unknown If No Info Given. It is not known if there has been any treatment or conservative therapy. Describe primary symptoms here - or Type In Unknown If No Info Given. One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
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<th>74176 CT ABD &amp; PELVIS W/O O/R CONTRAST</th>
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<td>; This is a request for a diagnostic CT; The patient did not have a myelography or lipase lab test.; This is the first visit for this complaint.; The study is not requested for abdominal and/or pelvic pain.; The study is not requested for chronic pain.; The patient did not have a myelography or lipase lab test.; This is the first visit for this complaint.; The study is requested for abdominal and/or pelvic pain.; The study is not requested for chronic pain.;</td>
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This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Abdominal Pain &amp;#x003C; This is a chronic problem. The current episode started more than 1 month ago. The problem occurs daily. The problem has been gradually worsening. Pain location: ventral abdomen. The pain is moderate. The quality of the pain is aching and ; ; This is a request for an abdomen-pelvis CT combination.; ; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; ; This is not the first visit for this complaint.; ; There has been a physical exam.; ; The patient is female.; ; A pelvic exam was NOT performed.; ; Yes this is a request for a Diagnostic CT

Abdominal pain; This is a request for an abdomen-pelvis CT combination.; ; A urinalysis has been completed.; ; This study is being requested for abdominal and/or pelvic pain.; ; The results of the urinalysis were normal.; ; The study is being ordered for chronic pain.; ; This is the first visit for this complaint.; ; The patient did not have a amylase or lipase lab test.; ; Yes this is a request for a Diagnostic CT

Acute abdominal pain lower left abdomen with vomiting; This is a request for an abdomen-pelvis CT combination.; ; This study is being requested for abdominal and/or pelvic pain.; ; The study is being ordered for acute pain.; ; There has been a physical exam.; ; The patient is female.; ; A pelvic exam was NOT performed.; ; Yes this is a request for a Diagnostic CT

ADDITIONAL ICD-10 CODE K76.0... FATTY LIVER DISCOVERED JULY 2016 1 YEAR AGO BY CT, TESTING FOR POSSIBLE APPENDIX ISSUE, FEVER, MALAISE; ; This is a request for an abdomen-pelvis CT combination.; ; A urinalysis has not been completed.; ; This study is being requested for abdominal and/or pelvic pain.; ; The study is being ordered for chronic pain.; ; This is the first visit for this complaint.; ; The patient did not have a amylase or lipase lab test.; ; Yes this is a request for a Diagnostic CT
Patient is a 55 year female that is here today lower back. States pain is significant enough it is entered the ER this morning but the ER told her she needed to see PCP. Patient was just seen last week a urinary tract infection and was placed on Keflex. There has been treatment or conservative therapy; EXTREME LOWER BACK PAIN, STATES THAT THE PAIN RADIATES DOWN HER RIGHT LEG, SAYS THAT SHE WENT TO THE ER THIS AM WAS TOLD TO SEE PCP FOR MRI, SAYS THAT SHE WAS TOLD THEY COULD NOT DO ANYTHING FOR HER BUT GIVE HER A PAIN SHOT, SAYS THAT SHE WAS JUST SEEN I; Patient has multiple visits.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

CTA Lower extremities has a positive find of blockage in the lower extremities found on an Arterial Ultra sound that was performed. One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. Dixon presents with generalized abdominal pain. This is located primarily in the left lower quadrant and right lower quadrant. There is some radiation to the bilateral inferior flanks. It began 3 weeks ago. She estimates that the frequency of pain is; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT.

Patient complains of abdominal pain, other specified site. This is located primarily in the right flank. There is some radiation to the right lower quadrant. It began 6 days ago. The onset of pain occurred w; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT.
Enter answer here - or Type In Unknown If No Info

In regard to the generalized abdominal pain, this is located primarily in the left upper quadrant and right upper quadrant. It began 1 month ago. Aggravating factors include meals. Nothing relieves the pain; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT follow up; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Having abdominal tenderness in right lower quad also in upper quad. Patient had leukocytosis and fever.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT.

he is now reporting his face and eyes swelling - this is distinctly unusual.; This study is being ordered for Vascular Disease.; he is now reporting his face and eyes swelling - this is distinctly unusual; There has not been any treatment or conservative therapy.; he is now reporting his face and eyes swelling - this is distinctly unusual; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Hernia of abdominal wall; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; The study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT.

It has had multiple kidney stones. Pt has had to have medication and procedures in past to help pass these stones.; This is a request for an abdomen-pelvis CT combination.; This study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT.

LABS DONE SHOWS TRACE AMOUNT OF BLOOD IN URINE, UA TRAITS; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; This study is being ordered for chronic pain.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT.

Location: kidneys, Duration: 2 days, Timing: comes and goes, Intensity: Mild, Quality: red blood in urine, Symptom(s) Began: Suddenly, Symptom(s) progressed: stable, Context: family history kidney cancer; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT.
Lower back pain; Blood in urine; Abdomen/Pelvis Pain; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT.

n/a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/4/2017; There has been treatment or conservative therapy.; On previous CT, a bilateral pulmonary nodule was found and a mass cannot be excluded on right kidney.; Naproxen, moist heat, and easy stretching.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBC, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Nausea and vomiting noted. &xOD; Ms. Newingham complains of nausea and vomiting. This has been noted for the past two days. The frequency of episodes is several times daily. The emesis is described as having a bilious appearance. Associated symptoms inc; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT.

NEW ONSET DIAGNOSIS OVARIAN CANCER; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBC, MRS, PET Scan, or Unlisted CT/MRI.

PAIN; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT.

on exam patient has equal amounts of pain in the Gallbladder region and appendix. GB US (-) blood 3+ in urine; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT.

PAIN; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT.
General/Family Practice Approval
74176 CT ABD & PELVIS W/O CONTRAST

patient complains of abdominal pain and tenderness, bloating, nausea. Trying to rule out diverticulitis vs. diverticulosis, bile duct stone, pancreatitis.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

Patient complains of generalized abdominal pain. This is located primarily in the left lower quadrant. It began 18 months ago. The onset of pain occurred with no apparent trigger. She characterizes it as sharp. It is of moderate intensity. She estim;

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

Patient complains of generalized abdominal pain. This is located primarily in the right lower quadrant. There is some radiation to the left lower quadrant. It began 4 days ago. The onset of pain occurred with no apparent trigger. He characterizes it ; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

Patient has a history of kidney stones, she is having flank pain, blood in urine and it is felt she has a kidney stone; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

Patient has a history of uterine cancer.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

Patient has extreme N/V, not able to hold anything down for ¾ days, Type 1 diabetic having glucose elevations.; This study is being ordered for Inflammatory/Infectious Disease.; 11/03/2017; There has been treatment or conservative therapy.; nausea, vomiting, RUQ Pain.; N/V Medication, Medication changes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Patient has had a torsion surgery. There has been a prior orchiectomy.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT
PATIENT HAS HAD RLQ ABDOMINAL PAIN WITH REBOUND, GUARDING AND FEVER. LABS PENDING.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT;

patient has hx of testicular cancer pt has a painful mass on testicle and it is growing; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT

Patient is having abdominal pain with bright rectal bleeding, with guarding and crying with palpitations, patient has a history of cholecystectomy; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

Patient is in severe abdominal pain, complaints with vaginal bleeding. Patient has had HX of hysterectomy 10 years ago.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

Patient was in bed asleep and woke up with quadrant pain radiating into the back w/severe nausea and vomiting bile. White Blood cell count 16.8. R-sided tenderness and pain upon exam. Suspecting appendicitis; This is a request for an abdomen-pelvis CT combination.; This study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

Patient with bleeding out of mouth and nose with thrombocytopenia, decreased platelet count. Inconclusive abdominal ultrasound; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT
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<td>Per US Gallbladder results: Dilated common bile duct up to 6 mm in diameter, a nonspecific finding. If symptoms continue, consider abdominal CT and/or MRCP for further evaluation as clinically indicated.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT Positive for constipation, occasional bright red blood per rectum, abnormal ultrasound - enlarged liver noted.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT 1</td>
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</tbody>
</table>
Pt has pain and hematuria; Hx of kidney stones; trying to see if she passed them if or they're hung up somewhere (urologist diagnosed her with stones a couple months ago); This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

Pt is having abdominal/flank pain with microscopic hematuria; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

PT STATES SHE IS HAVING LEFT SIDED ABD PAIN AND THINKS IT MAY BE RELATED TO HER ENDOMETRIOSIS FOR THE PAST 6 YEARS. PT HAD A PARTIAL Hysterectomy IN 2012. PT IS HAVING LOW GRADE FEVERS AND NIGHT SWEATSPS HAS IBS AND EXPERIENCING NAUSEA AND VOMITING; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; It is unknown if a contrast/barium x-ray has been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT

Pt with flank pain, hematuria and fever.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT
Pt. seen some hematuria and checking for kidney stone; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT
RLQ PAIN IN THE APPENDIX REGION.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT

SEVERE ABDOMINAL PAIN W/ TENDERNESS THAT GOES UP HER BACK.ELEVATED WHITE BLOOD COUNT.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

SEVERE ABDOMINAL PAIN W/ TENDERNESS THAT GOES UP HER BACK.ELEVATED WHITE BLOOD COUNT.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT
Surveillance; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

suspected cyst; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hemorrhia is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hemorrhia.; The results of the urinalysis were abnormal.; The urinalysis was positive for hemorrhia/blood.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hemorrhia.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; Yes this is a request for a Diagnostic CT

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This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT
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<tr>
<td>This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
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</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT</td>
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</tr>
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<td>This is a request for an abdomen-pelvis CT combination.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
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This is a request for an abdomen-pelvis CT combination.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT
This is a request for an abdomen-pelvis CT combination.; It is not known if this is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; ; Yes this is a request for a Diagnostic CT
This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Diverticulitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT
This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Patient had previous CT that showed mesenteric adenitis and this is needed to follow up; Yes this is a request for a Diagnostic CT
This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is follow up trauma.; There is not laboratory or physical evidence of an intra-abdominal bleed.; There is not physical or abnormal blood work consistent with peritonitis or abdominal abscess.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient has Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT

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This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT

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This is a request for a Diagnostic CT

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This is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT

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This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT

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General/Family Practice Approval 74176 CT ABD & PELVIS W/O CONTRAST

This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT

General/Family Practice Approval 74176 CT ABD & PELVIS W/O CONTRAST

This is a request for an abdomen-pelvis CT combination.; The requested study is for pre-operative evaluation.; The study is NOT requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; The pre-op evaluation is for planned or possible ventral hernia repair ordered by a surgeon.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT

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This is a request for an abdomen-pelvis CT combination.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT

General/Family Practice Approval 74176 CT ABD & PELVIS W/O CONTRAST

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General/Family Practice Approval 74176 CT ABD & PELVIS W/O CONTRAST

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Diabetic patient with gastroparesis.; Other; Yes this is a request for a Diagnostic CT

General/Family Practice Approval 74176 CT ABD & PELVIS W/O CONTRAST

This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of Diverticulitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT
This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; There are known or endoscopic findings of inflammatory bowel disease.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn’s disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; &lt;Enter Additional Clinical Information&gt; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn’s disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Patient has acute onset of left lower quad pain and tenderness.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn’s disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; she has diarrhea, abdominal pain, fatigue and weight loss; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There are NO findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; &lt;Enter Additional Clinical Information&gt; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There are NO findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Adrenal Hemorrhage; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There are NO findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Patient with Unintentional weight loss of 50 pounds over the last year. Loss of appetite. Complaints of nausea about 1 hour after eating. Denies blood in stool or black tarry stools. She denies vomiting. Patient states she has had some sharp abdomina; Yes this is a request for a Diagnostic CT
This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Positive hemacult, fatty liver, and possible kidney stones; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; PT HAS BEEN TO THE EMERGENCY ROOM WITH CONSTANT ABDOMINAL PAIN; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Pt is having painful bowel movements and has a h/x of the right uterter, severe abdominal pain; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; &lt;Enter Additional clinical information&gt;; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There is no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There is no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; &lt;Enter Additional Clinical Information&gt;; Yes this is a request for a Diagnostic CT
This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; There has NOT been a recent (within the last 3 months) Abdomen and/or Pelvis CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; It is unknown if there has been a recent (within the last 3 months) Abdomen and/or Pelvis CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT
<table>
<thead>
<tr>
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<td>This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; PT presents with pelvic pain, menorrhagia, Iron deficiency anemia 2nd to chronic blood loss, Pelvic U/S with 3.5 cm Rt ovarian mass; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; This request is for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; Trauma; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; Trauma; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a Kidney/Renal cyst(s); Yes this is a request for a Diagnostic CT</td>
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This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed gall stones.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A pelvic exam was not performed.; Yes this is a request for a Diagnostic CT

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This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; It is unknown if the patient had an Ultrasound.; Yes this is a request for a Diagnostic CT

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This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT
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<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT 11</td>
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<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT 3</td>
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<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/ Renal cyst, Anerysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT 5</td>
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<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Anerysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT 1</td>
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This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/25/2017; There has not been any treatment or conservative therapy.; abdominal pain , severe lumbar spine pain that radiates around to he abdomen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 weeks ago; There has been treatment or conservative therapy.; present with a possible peri rectal abscess, Hemorrhoids present for two weeks, lots of pressure, worsening; sits baths, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology very tender on bimanual exam and ttp of right upper quadrant, some pelvic tenderness as well, vomitting for 1 week; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT Weight loss.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT Will fax in clinicals; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

<&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;&lt; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if the patient has a renal cyst or tumor.>

<&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;&lt; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology ; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.>

<&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;&lt; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/01/2017; There has been treatment or conservative therapy.; Abdominal pain, ovarian cyst.; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
12/6/17 Ultrasound result: Complex right kidney upper to midpole cystic lesion, stable in size. Pre and post contrast abdominal CT; renal protocol imaging is recommended for further characterization. This study is being ordered for suspicious mass or suspected tumor/malignancy. The patient had previous abnormal imaging including a CT, MRI, or Ultrasound. A kidney abnormality was found on a previous CT, MRI, or Ultrasound. The patient has a renal cyst.

2 masses in liver to be evaluated. This request is for an Abdomen MRI. This study is being ordered for suspicious mass or suspected tumor/malignancy. The patient had previous abnormal imaging including a CT, MRI, or Ultrasound. A liver abnormality was found on a previous CT, MRI, or Ultrasound. It is unknown if there is suspicion of metastasis.

CT Abdomen Without Contrast performed on 10/19/2017 that showed there is a soft tissue nodule anterior to the left kidney measuring 18 mm that appears to be a nodule on the lateral inferior tip of the left adrenal gland. It appears too remote to be an ACC. This study is being ordered for a metastatic disease. There are 2 exams being ordered. One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Patient with prior CT presented with bilateral renal cysts. This request is for an Abdomen MRI. This study is being ordered for suspicious mass or suspected tumor/malignancy. The patient had previous abnormal imaging including a CT, MRI, or Ultrasound. A kidney abnormality was found on a previous CT, MRI, or Ultrasound. The patient has a renal cyst.

Pt is needing to have a MRI abdomen+pelvis with contrast done. Pt has an abdominal mass. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
r/o IBS AND ADHENSION RELATED PAIN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 years ago; There has been treatment or conservative therapy.; right and left lower abdominal quadrant pain, intermittent abdominal pain from right to left which are chronic; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

The Pt had CT of ches 12/08/2017, central lobular emphysema. Indeterminate renal lobe mass lesion.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This request is for an Abdomen MRI.; This study is being ordered for hematuria.; The patient has painful hematuria.; It is unknown if the patient has had an IVP (intravenous pyelogram); &gt; Enter answer here - or Type In Unknown If No Info Given. &gt;

This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is not a gastroenterologist, urologist, or infectious disease specialist."; "There are physical findings or abnormal blood work consistent with peritonitis, pancreatitis, or appendicitis."; &gt; Enter answer here - or Type In Unknown If No Info Given. &gt;

This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is not a gastroenterologist, urologist, or infectious disease specialist."; "There are physical findings or abnormal blood work consistent with peritonitis, pancreatitis, or appendicitis."; unknown

This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; "The ordering physician is not a gastroenterologist, urologist, or infectious disease specialist."; It is not known if there are physical findings or abnormal blood work consistent with peritonitis, pancreatitis, or appendicitis.; "There are no active or clinical findings of Crohn's disease, ulcerative colitis, or diverticulitis.; "There is radiographical or ultrasound findings consistent with abnormal fluid collection, abdominal abscess, or ascites.";

This request is for an Abdomen MRI.; This study is being ordered for known or suspected vascular disease.; The ordering physician is not a surgeon.; There is no plain film or ultrasound evidence of vascular abnormality.; The patient is hypertensive and unresponsive to drug therapy.; unknown

This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; &gt; Enter answer here - or Type In Unknown If No Info Given. &gt;
This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; It is not known if the patient is undergoing active treatment for cancer.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; Ms. Carol Welborn is a 57 year old woman here for initial evaluation of an Adrenal nodule, seen at the request of Dr. James Baker. &lt;entered data here or Type In Unknown If No Info Given.&gt; 1

This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; &lt;Enter answer here or Type In Unknown If No Info Given. &gt; 1

This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; PATIENT PRESENTS TO CLINIC WITH A PANCREATIC HEAD MASS SEEN ON ULTRA SOUND AND CT ABD/PELVIS. PATIENT HAS ABDOMINAL PAIN AND WEIGHT LOSS WITH INCREASE LIVER ENZYMES. 1

This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; 1

This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; abnormal ct showing 5 cm hyper dense area of the right liver; 2.3 cm indeterminate left adrenal nodule; 1

This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; 1

This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; &lt;entered data here or Type In Unknown If No Info Given. &gt; 1

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; 4

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; &lt;Enter answer here or Type In Unknown If No Info Given. &gt; 4

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; Authorization was obtained for this procedure but patient postponed and auth expired. In May 2017 she had a CTA done for vascular disease and a left lobe liver mass was detected. Recommended MRI for further evaluation. Thank you! 1
This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor. "; "The patient has had an abdominal ultrasound, CT, or MR study."; CT showed mass on liver, radiologist recommends MRI for better study.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor. "; "The patient has had an abdominal ultrasound, CT, or MR study."; follow up to suspicious mass.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor. "; "The patient has had an abdominal ultrasound, CT, or MR study."; He had a CT of A/P this year and has a soft tissue mass. Monitoring. Checking back after 7 months.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor. "; "The patient has had an abdominal ultrasound, CT, or MR study."; On going abdomen pain and low back pain. Adrenal masses found on CT.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor. "; "The patient has had an abdominal ultrasound, CT, or MR study."; PATIENT HAD A CT ABD/PELVIS ON 10/10/17 THAT SHOWS A LEFT ADRENAL MASS THAT HAS INCREASED IN SIZE SINCE 3/4/16, IN WHICH A MRI ABDOMEN WAS RECOMMENDED. PATIENT INITIALLY PRESENTED TO CLINIC WITH ABD PAIN AND HEMATURIA.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor. "; "The patient has had an abdominal ultrasound, CT, or MR study."; patient had a cta of the chest and it showed a hepatic lesion. radiologist recommended an mri abd for further evaluation.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor. "; "The patient has had an abdominal ultrasound, CT, or MR study."; patient had a cta of the chest and it showed a hepatic lesion. radiologist recommended an mri abd for further evaluation.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor. "; "The patient has had an abdominal ultrasound, CT, or MR study."; 3.1 cm adrenal nodule on the right side. needs MRI to rule out adrenal adenoma.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor. "; "The patient has had an abdominal ultrasound, CT, or MR study."; PATIENT PRESENTS TO CLINIC WITH INCREASED LIVER ENZYMES. ABDOMINAL U.S. AND CT ABD ARE INCONCLUSIVE FOR PANCREATIC MASS VS LIVER MASS.
This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;"; "The patient has had an abdominal ultrasound, CT, or MR study.;"; Patient with abdominal pain was sent for CT abdomen/pelvis. Report shows nodule of RT adrenal gland, hypodense renal lesions bilaterally and heptomegaly. MRI abdomen recommended by radiologist for further assessment.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;"; "The patient has had an abdominal ultrasound, CT, or MR study.;"; PET CT PERFORMED AND MRI WAS SUGGESTED.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;"; "The patient has had an abdominal ultrasound, CT, or MR study.;"; Questionable mass to liver and kidney found on CT.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;"; "The patient has had an abdominal ultrasound, CT, or MR study.;"; Recommend nonemergent MRI without and with contrast and MRCP for further evaluation per radiologist with St. Bernards.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;"; "The patient has had an abdominal ultrasound, CT, or MR study.;"; The patient was treated in the Emergency room yesterday for abdominal pain. She has an abnormal CT Scan that showed a left adrenal mass. The Radiologist recommended an Abdominal MRI.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;"; "The patient has had an abdominal ultrasound, CT, or MR study.;"; Previous abnormal ultrasound.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;"; "The patient has had an abdominal ultrasound, CT, or MR study.;"; Enter answer here - or Type In Unknown If No Info Given. &lt;Enter answer here - or Type In Unknown If No Info Given. &gt;.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;"; "The patient has had an abdominal ultrasound, CT, or MR study.;"; CT report from 9-27-17 Recommends MRI due to Liver with few small hypervascular mass lesions, hemangiomas versus other masses. Moderate Hepatic steatosis.
This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor / metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;"; "The patient has had an abdominal ultrasound, CT, or MR study.;"; pt had and CT abd and pelvis and they recommend a MRI or a CT abdomen with renal protocol to be able to review the mass on his lt kidney a little better and pt is allergic to the IV contrast and they are not wanting to do the CT contrast since he is outpa

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor / metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;"; "The patient has had an abdominal ultrasound, CT, or MR study.;"; Recent abnormal MRI notes: A 1.2‐cm isodense mass posterior and lower pole of the right kidney does enhance following contrast infusion. The finding could represent a complicated cyst versus a solid mass related to neoplasm. The &RxDO; finding is small in size.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor / metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study.;"; Patient had previous CT done in ER that showed liver mass

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor / metastasis.; The patient has previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a tumor.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor / metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.

This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow‐up trauma, or a pre‐operative evaluation.; Diffuse increased echogenicity throughout the liver with poor penetrability with some areas of subcapsular triangular‐shaped sparing.

This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow‐up trauma, or a pre‐operative evaluation.; &lt;Enter answer here - or Type In Unknown If No Info Given. &gt;
<table>
<thead>
<tr>
<th>General/Family Practice</th>
<th>Approval</th>
<th>Code</th>
<th>Description</th>
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<td>74181 MRI ABDOMEN</td>
<td>This request is for an Abdomen MRI. This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation. Pt presented to clinic 10/25 with blurred vision and blood pressure issues labs were done, elevated Liver Enzymes, ultrasound was done and radiologist recommends MRI, Pt has HK of lung cancer.</td>
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<td>74185 MRA, MRI ANGIOGRAPHY ABDOMEN</td>
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<td>75571 Coronary Artery Calcium Score, EBCT 75635 CTA AA&amp;B</td>
<td>This is a request for a MR Angiogram of the abdomen. Pt had calcium present on previous CT. Needs calcium score for possible cardiac eval; This is a request for a CT scan for evaluation of coronary calcification.</td>
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<td>ILIOFEM LXTR RS&amp;I C-/C+ POST-PXESSING 75635 CTA AA&amp;B</td>
<td>Yes, this is a request for CT Angiography of the abdominal arteries.</td>
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<td>76380 CT FOLLOW-UP OR LIMITED STUDY ANY AREA</td>
<td>This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation. This is a request for a limited Sinus CT pt had previous CT of abdomen and pelvis which showed hepatic liver lesions. pt having abdominal pain; Limited or Follow up other than Sinus CT; liver &lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for Breast MRI; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.</td>
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<td>77058 MRI breast,without and/or with contrast material(s);unilateral</td>
<td>This is a request for Breast MRI; This study is being ordered for a known history of breast cancer; No, this is not an individual who has known breast cancer in the contralateral (other) breast; No, this is not a confirmed breast cancer; No, this patient does not have axillary node adenocarcinoma; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible; It is unknown if there are benign lesions in the breast associated with an increased cancer risk; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).</td>
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<tr>
<td></td>
<td></td>
<td>77058 MRI breast,without and/or with contrast material(s);unilateral</td>
<td>This is a request for Breast MRI; This study is being ordered for a known history of breast cancer; No, this is not an individual who has known breast cancer in the contralateral (other) breast; No, this is not a confirmed breast cancer; No, this patient does not have axillary node adenocarcinoma; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.</td>
</tr>
</tbody>
</table>
; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk. 1

; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture. 2

; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture. 1

; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture. 1

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; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture. 1
Patient has nipple discharge and skin retraction of the left breast. She had a diagnostic mammogram and ultrasound on 11/8/17. She also has an aunt who has a history of breast cancer.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.

Patient’s lifetime risk=22.1% using the Tyrer-Cuzick model.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).

Pt has very dense breast tissue and a family history of breast cancer in her aunt and 4 cousins, making her higher risk. Breast MRI is recommended.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.

Screening MRI is recommended annually, alternating between mammograms for high risk patients. She has a lifetime risk of 57%.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).

The patient’s mother had bilateral breast cancer, and maternal aunt had breast cancer. Her maternal grandmother had ovarian cancer. Patient was BrCa tested and was negative. Bilateral breast MRI is recommended due to her family history as well as a life; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).

This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).

This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.

This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; Yes, the patient have a known mutation such as BRCA1, BRCA2, PTEN or TP53.; It is unknown if the patient has a lifetime risk score of greater than 20.

This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).
This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this patient does not have axillary node adenocarcinoma.; Yes, there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.  

This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient’s further management.  

This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.  

This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.  

This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.  

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.  

It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.  

The study is being ordered for suspected CAD.; It is unknown if the patient has symptoms of atypical chest pain (angina) or shortness of breath.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.
Myocardial perfusion imaging, tomographic (SPECT); single study

78451

- Enter answer here - or Type Unknown If No Info Given. &gt; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

64 yo female noted to have chest pain, unable to complete a stress test. Can’t walk long enough. Just failed to complete a stress test.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. The patient’s age is between 45 and 64 years old.

Abnormal EKG test; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

Abnormal EKG, abnormal regular stress test, high blood pressure, 3 diabetes, chronic smoker, chronic shortness of breath, and abnormal pulmonary test.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

dyspnea chest pain fatigue episodes getting worse and more frequent; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

Family history of heart disease,mixed hyperlipidemia,severe obesity,obstructive sleep apnea,insulin diabetic, due to above multiple risk factors; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.
It is not known if the patient is diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.

Obesity & Hypothyroidism & Hypertension; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

Patient with chest wall pain that at times radiates to left arm. Recently performed CTA to rule out pulmonary embolus.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.; The results of the previous nuclear cardiology study were not normal.

She has typical chest pain radiating to her arm, with shortness of breath, diaphoresis, hx of HTN and hyperlipidemia and strong family hx of heart dz. Is there some info they are missing?? Please retry. its very important.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.
The patient is diabetic.; The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.; The patient is less than 45 years old. 1

The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.

The patient is not diabetic.; The patient has had a recent exercise treadmill test that was positive.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old. 1

The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient is less than 45 years old.

The patient is diabetic.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient is female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old. 1

The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient is female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old. 1

The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old. 1

The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented findings of hyperlipidemia.; The patient had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old. 2
<table>
<thead>
<tr>
<th>General/Family Practice</th>
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<tbody>
<tr>
<td>78451 Myocardial perfusion imaging, tomographic (SPECT); single study</td>
<td></td>
</tr>
<tr>
<td>The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</td>
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<td>The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</td>
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<td>78451 Myocardial perfusion imaging, tomographic (SPECT); single study</td>
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<tr>
<td>The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; &quot;Patient is not clinically obese, nor has an emphysematous chest configuration.&quot;.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</td>
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The study is being ordered for suspected CAD.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient has not had a stress echocardiogram within the past eight weeks.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.; The patient’s age is between 45 and 64 years old. 1

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has diabetes.; This is NOT a Medicare member.; The patient is 65 or older. 2

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease 1

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease 1

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery. 1

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders. 1

Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2012; There has not been any treatment or conservative therapy.; Chest pain, shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member. 2
<table>
<thead>
<tr>
<th>Practice</th>
<th>Approval</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>General/Family Practice</td>
<td>Approval</td>
<td>78813 PET IMAGING WHOLE BODY</td>
<td>This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.</td>
</tr>
<tr>
<td>General/Family Practice</td>
<td>Approval</td>
<td>78813 PET IMAGING WHOLE BODY</td>
<td>This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made.); This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.</td>
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<td>78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY</td>
<td>This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; This solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.</td>
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<td>Approval</td>
<td>78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY</td>
<td>This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has not been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.</td>
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<td>78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY</td>
<td>This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.</td>
</tr>
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<td>General/Family Practice</td>
<td>Approval</td>
<td>78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY</td>
<td>This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made); This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.</td>
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<td>General/Family Practice</td>
<td>Approval</td>
<td>93307 TTHRC R-T IMG 2D +M-MODE REC COMPL</td>
<td>This a request for an echocardiogram.; This is a request for a Transtoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.</td>
</tr>
</tbody>
</table>
This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of a recent myocardial infarction (heart attack).; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.

This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease. 1

This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above. 1

This is for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias. 2

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.

This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications. 1

This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.

This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications. 1

This is for the initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur. 1
This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for evaluation of change of clinical status.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.
Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2012; There has not been any treatment or conservative therapy.; Chest pain, shortness of breath; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for a Stress Echocardiogram.; It is unknown if the patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; It is not known if the patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.

This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease.

This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease.

This is a request for a Stress Echocardiogram.; The member has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.

This is a request for a Stress Echocardiogram.; To evaluate a suspected cardiac mass.; The member does not have known or suspected coronary artery disease.

This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; The member does not have known or suspected coronary artery disease.

This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.

This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.

Patient has COPD; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.
This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.

This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.

This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.

This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

Patient had a EGD on 2/2/16 and a biopsy was taken from the duodenum and a hiatal hernia found. History of renal stones. OV on 10/2/17 patient has tenderness to RUQ and also just above right flank area. Nausea &x003D; US performed in ED on 10/1/17-negative; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

Patient had gall bladder removed in 06/2017 and struggles with abdominal pain since.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

PATIENT HAS ELEVATED LIVER ENZYMES, ONGOING ABDOMINAL PAIN, AND NAUSEA.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

Patient is having abdominal pain, and Dyspepsia. Had an US and they suggested a MRCP; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.

This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; It is not known if patient requires evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.
This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient does not require evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.  

This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient requires evaluation for a congenital defect of the pancreatic or biliary tract.  

This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient has an altered biliary tract anatomy that precludes ERCP.  

This is a request for a brain/head CT.; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.  

This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.  

This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; This study is being ordered for stroke or aneurysm.; This study is being ordered for a previous stroke or aneurysm.  

This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.  

This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.  

This is a request for a brain/head CT.; The study is being requested for None of the above.; This procedure is being requested for other indications.
The document contains various medical records related to CT scans. Here are the summaries:

1. **General/Family Practice**
   - **Disapproval**
   - **70450 CT BRAIN, HEAD**
   - **Radiology Services Denied**
   - **Not Medically Necessary**

   - **Enter answer here** - or **Type In Unknown If No Info Given.**
   - **This study is being ordered for a metastatic disease.**
   - **There are 2 exams are being ordered.**
   - **One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.**
   - **The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.**

2. **General/Family Practice**
   - **Disapproval**
   - **70450 CT BRAIN, HEAD**
   - **Radiology Services Denied**
   - **Not Medically Necessary**

   - **Enter answer here** - or **Type In Unknown If No Info Given.**
   - **This study is being ordered for a neurological disorder.**
   - **11/20/2017**
   - **There has been treatment or conservative therapy.**
   - **Patient has low back pain w/right side sciatica, having headaches w/no relief and dizziness, nausea.**
   - **PT, Medications.**
   - **One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.**
   - **The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.**

3. **General/Family Practice**
   - **Disapproval**
   - **70450 CT BRAIN, HEAD**
   - **Radiology Services Denied**
   - **Not Medically Necessary**

   - **Enter answer here** - or **Type In Unknown If No Info Given.**
   - **This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.**
   - **Enter date of initial onset here** - or **Type In Unknown If No Info Given.**
   - **There has not been any treatment or conservative therapy.**
   - **Describe primary symptoms here** - or **Type In Unknown If No Info Given.**
   - **One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.**
   - **The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.**

4. **General/Family Practice**
   - **Disapproval**
   - **70450 CT BRAIN, HEAD**
   - **Radiology Services Denied**
   - **Not Medically Necessary**

   - **Enter answer here** - or **Type In Unknown If No Info Given.**
   - **This is a request for a brain/head CT.**
   - **The study is being requested for evaluation of a headache.**
   - **The headache is described as chronic or recurring.**
   - **The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.**
   - **The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.**

5. **General/Family Practice**
   - **Disapproval**
   - **70450 CT BRAIN, HEAD**
   - **Radiology Services Denied**
   - **Not Medically Necessary**

   - **Enter answer here** - or **Type In Unknown If No Info Given.**
   - **This is a request for a brain/head CT.**
   - **The study is being requested for evaluation of a headache.**
   - **The headache is described as chronic or recurring.**
   - **The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.**
   - **The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.**

6. **General/Family Practice**
   - **Disapproval**
   - **70450 CT BRAIN, HEAD**
   - **Radiology Services Denied**
   - **Not Medically Necessary**

   - **Enter answer here** - or **Type In Unknown If No Info Given.**
   - **This is a request for a brain/head CT.**
   - **There is not headache not improved by pain medications.**
   - **There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness.**
   - **This study is being requested for a headache.**

7. **General/Family Practice**
   - **Disapproval**
   - **70450 CT BRAIN, HEAD**
   - **Radiology Services Denied**
   - **Not Medically Necessary**

   - **Enter answer here** - or **Type In Unknown If No Info Given.**
   - **This is a request for a brain/head CT.**
   - **This study is being requested for None of the above.**
   - **This procedure is being requested for Syncope/Fainting.**
   - **There is another reason why an MRI is not being considered; You denied the MRI so we are trying to get a CT to see what is going on.**
Radiology Services Denied

Not Medically Necessary

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; One of the studies being ordered is NOT Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; CHRONIC HEADACHES, FRONTAL AND SINUS, HAS GREEN NASAL DISCHARGE. ALSO HAS HEADACHES ASSOCIATED WITH ALLERGIES. TAKES ALLEGRA, RUNNY NOSE, ITCHY WATERY EYES DESPITE MEDICATION. NEAR SYNCOPE UNEXPLAINED; It is not known if there has been any treatment or conservative therapy.; CHRONIC HEADACHES, FRONTAL AND SINUS, HAS GREEN NASAL DISCHARGE. ALSO HAS HEADACHES ASSOCIATED WITH ALLERGIES. TAKES ALLEGRA, RUNNY NOSE, ITCHY WATERY EYES DESPITE MEDICATION. NEAR SYNCOPE UNEXPLAINED; One of the studies being ordered is NOT Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; New patient to us, 2016 at least. Flare up over the last 2 weeks.; There has been treatment or conservative therapy.; headache and sinus pressure.; New paresthesias.; Zpak
Prednisone
Maxalt
Alburterol
Topomax
Zithromax
Clindamycin
Nasal Steroid; One of the studies being ordered is NOT Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

; This study is being ordered for Vascular Disease.; Unknown, last visit date 10/18/2017; There has not been any treatment or conservative therapy.; Weakness, falling, sweats; One of the studies being ordered is NOT Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

; This study is being ordered for trauma or injury. blurred vision and sensitivity to light pain into neck. pt states pain is constant. new pain, usually headaches are "mild"; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.
c/o memory loss; pt states that she went to Hardy with her children states when she got back home she walked in the door started getting nauseated, started crying, states that she did not remember that her father had died over 30 years ago, could not reca; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.

constant pain; imitrex only helps sometimes; frontal headache pain; throbbing and pounding pain; recurring daily; pain worse with light and noise; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.

egd, colonoscopy; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8-22-2017; There has been treatment or conservative therapy.; Nausea, diarrhea, fatigue, worsening headaches, neck pain; blood work, referred for muscle biopsy, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

female presents with a f/u on migraines. Associated symptoms include dizziness, nausea and vomiting. Has a migraine that started yesterday. Describes dizziness as vertigo. Headache is located diffusely. Worse on the central back portion of her head. The o; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.

Having throbbing Pressure; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache. headache for 3 days, with vomiting, fatigue, weakness, blurred vision, meds not helping; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.

left arm felt paralyzed along with right leg. had syncopal episodes.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; It is unknown if the patient is able to have a Brain MRI for evaluation of these symptoms.

migraines; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring. NA; This is a request for a brain/head CT.; There is not headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache.
General/Family Practice  Disapproval  70450 CT BRAIN, HEAD  Radiology Services Denied Not Medically Necessary  

PATIENT HAS A HEADACHE AND EAR PAIN; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.  

1

General/Family Practice  Disapproval  70450 CT BRAIN, HEAD  Radiology Services Denied Not Medically Necessary  

PATIENT HAS BEEN FREQUENTLY FALLING AND HAS PARKINSONS DISEASE.; This is a request for a brain/head CT.; This study is being requested for None of the above.; This procedure is being requested for other indications  

1

General/Family Practice  Disapproval  70450 CT BRAIN, HEAD  Radiology Services Denied Not Medically Necessary  

Patient has been seen 6 times since initial onset and has never fully gotten relief; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/05/17; There has been treatment or conservative therapy.; Dizzy, Headaches, light headed, pressure; Medrol dose pack, decadron shot, augmentin, zyrtec D, cleocin, prednisone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology  

1

General/Family Practice  Disapproval  70450 CT BRAIN, HEAD  Radiology Services Denied Not Medically Necessary  

PATIENT HAS PRESSURE IN HER HEAD. HURTS WORSE WHEN SHE TURNS IT TO THE SIDE.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.  

1

General/Family Practice  Disapproval  70450 CT BRAIN, HEAD  Radiology Services Denied Not Medically Necessary  

Patient here with her mother for evaluation of headaches. She states the headaches seem to be worsening. She has had occasional problems with headaches in the past but has been able to use over-the-counter medication for the discomfort.; This study is being ordered for a neurological disorder.; 10/30/17; There has been treatment or conservative therapy.; Patient here with her mother for evaluation of headaches. She states the headaches seem to be worsening. She has had occasional problems with headaches in the past but has been able to use over-the-counter medication for the discomfort.; Patient here with her mother for evaluation of headaches. She states the headaches seem to be worsening. She has had occasional problems with headaches in the past but has been able to use over-the-counter medication for the discomfort.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology  

1

none; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a headache. onset was one month ago. The pain is diffuse with no specific location. Mrs. MILNER denies having significant prior headaches. Associated symptoms include difficulty sleeping. The headache is exacerbated with exposure to bright light and loud noises.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.  

1

Patient has been seen 6 times since initial onset and has never fully gotten relief; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/05/17; There has been treatment or conservative therapy.; Dizzy, Headaches, light headed, pressure; Medrol dose pack, decadron shot, augmentin, zyrtec D, cleocin, prednisone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology  

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Patient here with her mother for evaluation of headaches. She states the headaches seem to be worsening. She has had occasional problems with headaches in the past but has been able to use over-the-counter medication for the discomfort.; This study is being ordered for a neurological disorder.; 10/30/17; There has been treatment or conservative therapy.; Patient here with her mother for evaluation of headaches. She states the headaches seem to be worsening. She has had occasional problems with headaches in the past but has been able to use over-the-counter medication for the discomfort.; Patient here with her mother for evaluation of headaches. She states the headaches seem to be worsening. She has had occasional problems with headaches in the past but has been able to use over-the-counter medication for the discomfort.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology  

1

Patient has been seen 6 times since initial onset and has never fully gotten relief; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/05/17; There has been treatment or conservative therapy.; Dizzy, Headaches, light headed, pressure; Medrol dose pack, decadron shot, augmentin, zyrtec D, cleocin, prednisone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology  

1

Patient here with her mother for evaluation of headaches. She states the headaches seem to be worsening. She has had occasional problems with headaches in the past but has been able to use over-the-counter medication for the discomfort.; This study is being ordered for a neurological disorder.; 10/30/17; There has been treatment or conservative therapy.; Patient here with her mother for evaluation of headaches. She states the headaches seem to be worsening. She has had occasional problems with headaches in the past but has been able to use over-the-counter medication for the discomfort.; Patient here with her mother for evaluation of headaches. She states the headaches seem to be worsening. She has had occasional problems with headaches in the past but has been able to use over-the-counter medication for the discomfort.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology  

1

Patient has been seen 6 times since initial onset and has never fully gotten relief; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/05/17; There has been treatment or conservative therapy.; Dizzy, Headaches, light headed, pressure; Medrol dose pack, decadron shot, augmentin, zyrtec D, cleocin, prednisone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology  

1

Patient here with her mother for evaluation of headaches. She states the headaches seem to be worsening. She has had occasional problems with headaches in the past but has been able to use over-the-counter medication for the discomfort.; This study is being ordered for a neurological disorder.; 10/30/17; There has been treatment or conservative therapy.; Patient here with her mother for evaluation of headaches. She states the headaches seem to be worsening. She has had occasional problems with headaches in the past but has been able to use over-the-counter medication for the discomfort.; Patient here with her mother for evaluation of headaches. She states the headaches seem to be worsening. She has had occasional problems with headaches in the past but has been able to use over-the-counter medication for the discomfort.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology  

1
Patient is having headaches everyday.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; ”There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness.”.; This study is being requested for a headache.

Patient states she is starting to forget simple things lately and is not able to get her words out at times. She states she has notice the symptoms has gotten worse in the last couple of months. She states she has been running red lights and running o; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; It is unknown why an MRI is not being considered

pt c/o loss of sense of smell and taste that has been going on for longer than 2 weeks.; This study is being ordered for a neurological disorder.; pt didn't give exact date of onset. said that it has been going on for a while, longer than 2 weeks; There has not been any treatment or conservative therapy.; loss of sense of smell and taste; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. 1

Patient has confusion; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.

Pt has had a witnessed seizure and was sent to the er in Tennessee. new onset seizure.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Pt has had behavior changes with her headaches. They are severe and cause dizziness, vision disturbances and erratic behavior.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient has had a recent onset (within the last 4 weeks) of neurologic symptoms.

Pt reports sudden onset of headache unrelieved by OTC medications. Pt states that she became concerned when she began to experience dizziness. Unstable gait observed during encounter with patient.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.
Pt suffers with nausea, confusion, poor memory and sleeping a lot.; This is a request for a brain/head CT.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This study is being requested for a recent head trauma or injury.  

She continues to have problems with headaches; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient here for follow-up to recent visit to the ER for complications of a UTI. She was placed on antibiotics and notes her urinary symptoms are improving. She continues to have problems with headaches. She states they always start the same place which i; There has been treatment or conservative therapy.; headache; medicaton; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology  

This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.  

This is a request for a brain/head CT.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.  

This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.  

This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.  

This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.  

This is a request for a brain/head CT.; The patient has a headache involving the back of the head and the patient is over 55 years old; Headache best describes the reason that I have requested this test.  

This is a request for a brain/head CT.; The patient has a history of cancer.; Headache best describes the reason that I have requested this test.  

This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.  

This is a request for a brain/head CT.; The patient has a history of cancer.; Headache best describes the reason that I have requested this test.
This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.

This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are NO documented neurologic findings suggesting a primary brain tumor.

This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.

This is a request for a brain/head CT.; The type of tumor is unknown.; Known or suspected tumor best describes the reason that I have requested this test.

This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital abnormality.

This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.

Trevor C Bice 32 y.o. male here today for Follow Up (4 week follow up) and Head Injury (Head injury 2 yrs ago was hit in the head having some head pain ); Patient here today with his wife to review lab results. His liver functions were elevated, he tells; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring. uncontrolled jerking; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications

unknown; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.

unknown; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.

unknown; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.

unknown; This study is being ordered for Infectious Disease.; 10/04/2017; There has been treatment or conservative therapy.; headaches, neck pain, dizziness, ear pain, sinus pressure.; medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
<table>
<thead>
<tr>
<th>Practice</th>
<th>Disapproval</th>
<th>Code/Description</th>
<th>Reason</th>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>General/Family Practice</td>
<td>Disapproval</td>
<td>70450 CT BRAIN, HEAD</td>
<td>Not Medically Necessary</td>
<td></td>
<td>worsening headache pain &amp; neck pain; This is a request for a brain/head CT.;</td>
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<td></td>
<td>This study is being ordered for trauma or injury.; 09/01/2017; There has been treatment or conservative therapy.; severe headaches, neck pain, dizziness, stiffness.; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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<tr>
<td>General/Family Practice</td>
<td>Disapproval</td>
<td>70486 CT SINUS, FACE,JAW,MANDIBLE,MA NO CONTRAST</td>
<td>Not Medically Necessary</td>
<td></td>
<td>&quot;This request is for face, jaw, mandible CT.239.8&quot;; &quot;There is not a history of serious facial bone or skull, trauma or injury.fct&quot;; &quot;There is not a suspicion of neoplasm, tumor or metastasis.fct&quot;; &quot;There is not a suspicion of bone infection, [osteomyelitis].fct&quot;; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient’s current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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<td>Not Medically Necessary</td>
<td></td>
<td>&quot;This request is for face, jaw, mandible CT.239.8&quot;; &quot;There is not a history of serious facial bone or skull, trauma or injury.fct&quot;; &quot;There is not a suspicion of neoplasm, tumor or metastasis.fct&quot;; &quot;There is not a suspicion of bone infection, [osteomyelitis].fct&quot;; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient’s current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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<tr>
<td>General/Family Practice</td>
<td>Disapproval</td>
<td>70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
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<td>Disapproval</td>
<td>70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
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</tbody>
</table>

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; CHRONIC HEADACHES, FRONTAL AND SINUS, HAS GREEN NASAL DISCHARGE. ALSO HAS HEADACHES ASSOCIATED WITH ALLERGIES. TAKES ALLEGRA, RUNNY NOSE, ITCHY WATERY EYES DESPITE MEDICATION. NEAR SYNCOPE UNEXPLAINED; It is not known if there has been any treatment or conservative therapy.; CHRONIC HEADACHES, FRONTAL AND SINUS, HAS GREEN NASAL DISCHARGE. ALSO HAS HEADACHES ASSOCIATED WITH ALLERGIES. TAKES ALLEGRA, RUNNY NOSE, ITCHY WATERY EYES DESPITE MEDICATION. NEAR SYNCOPE UNEXPLAINED; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

; This study is being ordered for Vascular Disease.; Unknown, last visit date 10/18/2017; There has not been any treatment or conservative therapy.; Weakness, falling, sweats; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT.

Dr. McClellan treated her for a sinus infection and in 1 weeks she wasn't any better so she went back and Dr. Sams took a sinus xray and she didn't have a sinus infection so he gave her a steroid injection. She has been dealing with this all summer. The p; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, osteomyelitis.fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT.

; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

F/U mass on neck; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Maxillary sinus pressure right side has worsened. Unable to tolerate Bactrim. Has taken 3 doses of doxycycline. Earache has resolved. No fever.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient’s current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 hrs in duration); Yes this is a request for a Diagnostic CT.; It has been less than 28 days since onset AND the patient improved, then worsened.
Patient here with her mother for evaluation of headaches. She states the headaches seem to be worsening. She has had occasional problems with headaches in the past but has been able to use over-the-counter medication for the discomfort.; This study is being ordered for a neurological disorder.; 10/30/17; There has been treatment or conservative therapy.; Patient here with her mother for evaluation of headaches. She states the headaches seem to be worsening. She has had occasional problems with headaches in the past but has been able to use over-the-counter medication for the discomfort.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Patient is having numbness on left side of her face, she cannot feel her cheek or left nasal area. Patient is also having coughing and congestion.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); Yes this is a request for a Diagnostic CT; It has been less than 28 days since onset.

Patient is having severe pain in her face an cheeks also swelling; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Patient is needing a CT max/Facial without contrast.

She continues to have problems with headaches; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient here for follow-up to recent visit to the ER for complications of a UTI. She was placed on antibiotics and notes her urinary symptoms are improving. She continues to have problems with headaches. She states they always start the same place which i;

The Patient is needing a CT max/Facial without contrast.

Patient very concerned that she may have cancer due to headaches and areas of swelling that she has noticed. I do appreciate mild swelling over left frontal sinus but am unable to palpate any ot; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
<table>
<thead>
<tr>
<th>Practice</th>
<th>Disapproval</th>
<th>CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST</th>
<th>Radiology Services Denied</th>
<th>Not Medically Necessary</th>
<th>This is a request for a Sinus CT.; This study is being ordered for follow-up to trauma; Yes this is a request for a Diagnostic CT</th>
</tr>
</thead>
<tbody>
<tr>
<td>General/Family Practice</td>
<td>Disapproval</td>
<td>70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>General/Family Practice</td>
<td>Disapproval</td>
<td>70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT</td>
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<td>General/Family Practice</td>
<td>Disapproval</td>
<td>70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset; Yes this is a request for a Diagnostic CT</td>
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<td>General/Family Practice</td>
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<td>Radiology Services Denied</td>
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<td>This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT</td>
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<td>General/Family Practice</td>
<td>Disapproval</td>
<td>70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST</td>
<td>Radiology Services Denied</td>
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<td>This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT</td>
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<td>General/Family Practice</td>
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<td>70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>This is a request for a Sinus CT.; This study is being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>General/Family Practice</td>
<td>Disapproval</td>
<td>70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>This is a request for a Sinus CT.; This study is being ordered for Inflammatory/ Infectious Disease.; 10/04/2017; There has been treatment or conservative therapy.; headaches, neck pain, dizziness, ear pain, sinus pressure.; medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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</table>
This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT

This is a request for neck soft tissue CT.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt;Enter date of initial onset here - or Type In Unknown If No Info Given&gt;; There is not been any treatment or conservative therapy.; BACK PAIN SHOOTING PAIN DOWN LEGS JOINT PAIN SHOULDER AND NECK PAIN FATIGUE HEADACHES COUGH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for trauma or injury.; 11/09/2017; There has not been any treatment or conservative therapy.; pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for neck soft tissue CT.; Surgery is NOT scheduled within the next 30 days.; The patient has a suspicious infection or abscess.; Yes this is a request for a Diagnostic CT

This is a request for neck soft tissue CT.; There is not been any treatment or conservative therapy.; There is no suspicion or of known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT unknown; This study is being ordered for trauma or injury.; 09/01/2017; There has been treatment or conservative therapy.; severe headaches, neck pain, dizziness, stiffness,; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
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<th>Procedure Description</th>
<th>Diagnosis</th>
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<tr>
<td>70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST RAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>Yes, this is a request for CT Angiography of the brain.</td>
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<tr>
<td>70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST RAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>Yes, this is a request for CT Angiography of the Neck. &lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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<td>70540 MRI ORBIT/FACE/NECK W/O DYE</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; &lt;Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; Headaches with pain behind left eye; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>70540 MRI ORBIT/FACE/NECK W/O DYE</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; &lt;Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; DIZZINESS HEADACHE BLURRED VISION/ LOSS OF VISION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>70540 MRI ORBIT/FACE/NECK W/O DYE</td>
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<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; &lt;Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; /&quot;This is a request for orbit,face, or neck soft tissue MRI.239.8&quot;; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation</td>
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<td>70540 MRI ORBIT/FACE/NECK W/O DYE</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; &lt;Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; In regard to the low back pain, reason for visit: This is a follow-up visit. Her symptoms are stable since last visit. This is a chronic problem, with essentially constant pain. She states that the current episode of pain started years ago. She denies; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; /&quot;This is a request for orbit,face, or neck soft tissue MRI.239.8&quot;; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation</td>
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<td>70540 MRI ORBIT/FACE/NECK W/O DYE</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; &lt;Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; Patient has chronic hypertension, and is a candidate for CVA incident.; This study is being ordered for trauma or injury.; 9/19/2017; There has been treatment or conservative therapy.; Headache, dizziness, elevated blood pressure, nausea and vomiting; Patient was hospitalized for the possibility of a stroke.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>70540 MRI ORBIT/FACE/NECK W/O DYE</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; &lt;Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; In regard to the low back pain, reason for visit: This is a follow-up visit. Her symptoms are stable since last visit. This is a chronic problem, with essentially constant pain. She states that the current episode of pain started years ago. She denies; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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Radiology Services Denied Not Medically Necessary
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<th>Disapproval</th>
<th>70540 MRI ORBIT/FACE/NECK W/O DYE</th>
<th>Radiology Services Denied</th>
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<td>Disapproval</td>
<td>70541 MRI ORBIT/FACE/NECK W/O DYE</td>
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<td>General/Family Practice</td>
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<td>70544 MR angiography head w/o dye</td>
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<td>General/Family Practice</td>
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<td>70544 MR angiography head w/o dye</td>
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<tr>
<td>General/Family Practice</td>
<td>Disapproval</td>
<td>70551 MRI HEAD, BRAINSTEM WITHOUT CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
</tr>
</tbody>
</table>

Pt has peripheral vision loss; This study is being ordered for a neurological disorder; 09/28/2017; It is not known if there has been any treatment or conservative therapy; Pt had peripheral vision loss for approx 5 minutes; also has right breast swelling; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.

trigeminal neuralgia, worsening headaches, left side facial pain, neck pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; Vision changes. She has seen ophthalmologist, so it is not a refractive issue. I don’t think cataracts could have these episodic changes. With recent neurological changes it would be reasonable to get an MRI. &lt;Enter answer here or Type In Unknown If No Info Given.>; This study is being ordered for a neurological disorder.; 11/15/2017; There has been treatment or conservative therapy.; Headaches, dizziness.; NSAIDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

r/o aneurysm ha; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Unknown; This study is being ordered for a neurological disorder.; At least a year; There has been treatment or conservative therapy.; Unknown; CTA of chest, EKG, normal ECG, fell off a porch, light headiness, warmth, bilateral tinnitus, gradual onset headache, migraine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.

Unknown; This study is being ordered for a neurological disorder.; At least a year; There has been treatment or conservative therapy.; Unknown; CTA of chest, EKG, normal ECG, fell off a porch, light headiness, warmth, bilateral tinnitus, gradual onset headache, migraine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
General/Family Practice Disapproval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

&lIt;Enter answer here - or Type In Unknown If No Info Given. &gt; Why Pt has been passing out; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache. 1

General/Family Practice Disapproval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

&lIt;Enter answer here - or Type In Unknown If No Info Given. &gt; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. 2

General/Family Practice Disapproval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

&lIt;Enter answer here - or Type In Unknown If No Info Given. &gt; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does not have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo. 1

General/Family Practice Disapproval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

&lIt;Enter answer here - or Type In Unknown If No Info Given. &gt; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy; Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered. 1

General/Family Practice Disapproval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

&lIt;Enter answer here - or Type In Unknown If No Info Given. &gt; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation). 1

General/Family Practice Disapproval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

&lIt;Enter answer here - or Type In Unknown If No Info Given. &gt; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation). 1

General/Family Practice Disapproval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

&lIt;Enter answer here - or Type In Unknown If No Info Given. &gt; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient does not have HIV or cancer.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms. 1

General/Family Practice Disapproval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

&lIt;Enter answer here - or Type In Unknown If No Info Given. &gt; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache. 6
General/Family Practice: Disapproval

**70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST**
Radiology Services Denied
Not Medically Necessary

**Enter answer here – or Type In Unknown If No Info Given.**

- This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

- This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

- This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.

- This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.
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This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation) 1

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing fatigue or malaise. 1

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; It is not known if there are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head occurred more than 1 week ago. 1

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; It is not known if there are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects. 1

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm.; There are not recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation). 1

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered. 1
abnormal findings on dx imaging of abdominal regions; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient does NOT have dizziness, fatigue or malaise, Bell’s Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

Chronic recurring headache for over two weeks; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Does have daily headaches since young teenager. Reports h/o injury to skull age 5 after running into a steel beam, denies after this incident.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

evaluate for ms; This study is being ordered for a neurological disorder.; 11/01/2017; There has not been any treatment or conservative therapy.; balance; vision problems r eye; look for ms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCt, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; experiencing dizziness / falling; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

Family History of Parkinson's disease &xOD; Patient has started to notice on multiple occasions of several symptoms he has started to have. &xOD.; &xOD; Daily episodes of bright white worms in field of vision, tremors, twitching right thumb and drooling daily. These e; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include vision changes.

has daily headaches that are always there, These are usually in his forehead region Anything on his head putting pressure on it sets them off region, never goes away.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).
Headache for 2 weeks; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation). 1

Headache.; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered. 1

Headache; dizziness; cervical neck pain with associated arm pain; pt hx of falling from chair at home while sitting still.; This study is being ordered for a neurological disorder.; 11/21/2017 is the first clinic encounter for pt with these complaints.; There has not been any treatment or conservative therapy.; Headache with dizziness. Pt states room starts spinning while sitting in chair and falls from chair. Complaints of cervical neck pain radiating down both arms.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

Headache; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache. 1

Headaches are getting worse. He's had headaches for a while, they are behind his (L)eye, now they are worse, were getting worse for 2 months before he got hit in the head a couple of days ago. &lt;x0D; &lt;x0D; CHIEF COMPLAINT &lt;x0D; Headaches (as reported by Patient)&lt;x0D; Co; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache. 1

He's also had a frontal headache, which she's had off and on for years. He had a scan on his head years ago when he had the same type of headache, this was apparently negative.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation). 1
LARRYSSA presents with headache. She is unable to recall when it began. The pain is diffuse with no specific location. It does not radiate. She has had prior headaches similar to this one. She denies fever. There do not seem to be any factors that w; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

Location: Respiratory, Duration: 3 weeks , Timing: Constant, Intensity: Moderate, Quality: facial pressure, bloody nasal drainage, feels like she has to sneeze all the time ., Symptom(s) Began: Spontaneous, Symptom(s) progressed: not improving, Context: C; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

MEMORY AND COGNITIVE CHANGES, FORGETFULNESS, NEW ONSET RECENT; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are not recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; It is not known if there a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

memory loss, left side the patient’s body is hurting; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

n/a; This study is being ordered for a neurological disorder.; 10/2/2017; There has not been any treatment or conservative therapy.; Migraine, numbness and tingling in upper extremities, nausea.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology new onset for two months of severe memory loss no trauma; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are not recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

no; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

None; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

patient c/o recurrent chronic migranes with no relieve with prescription medications (Elavil, Sumatriptan); This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.
PATIENT C/O SUDDEN SEVERE HEADACHE TO BILATERAL TEMPORAL REGIONS WITH NAUSEA, VOMITING, AND PHOTOSENSITIVITY. PRESCRIBED MEDS HAVE NOT BEEN EFFECTIVE.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.

Patient has been having blurred Vision bilaterally and eye pain, also diffuse Myalgias and bilateral upper and lower extremity paresthesia and weakness.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.

Patient has been having headaches for the last couple of months that are now daily, and in the vertex. She gets nausea and photophobia. The headache has a pulsing quality and worse with activity. She does feel fatigued lately and she sometimes gets dizzy.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.

Patient has dizziness and gettyness and neoplasm of kidney; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

Patient has had a chronic headache everyday for 6 weeks. with out any relief; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient does not have HIV or cancer.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.

Patient has syncopal episodes, Vision disturbance, memory loss, facial drooping , speech is also affected.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.

Patient has hematochezia, elevated liver studies, near syncope, and tremors; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Patient is here today with complaints of pain in the back of his head and neck that feels like pressure. He states that it he lays down the pain can be quite severe. He states that on average it happens about four times a week, but it is just a throbbing.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).
Patient presented with new onset severe headaches. Had cerebral cysts as a child, surgery done.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is not described as a “thunderclap” or the worst headache of the patient’s life.

Patient reports syncope and dizziness with memory impairment.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.

Patient suffers from long periods of time with headaches on the right side of her head lasting two or more days that are sensitive to light and sound.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation). Patient with multiple ER visits for vertigo and loss of balance with no abnormal testing results. Patient has had medication trials that have failed and is still dealing with condition that affects her ability to function at her normal levels.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing vertigo.

Patient reports worsening of migraine headaches and they are occurring more frequently; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Patient reports worsening of migraine headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

General/Family
Practice
Disapproval
Pt had a witnessed seizure and was sent to the er in Tennessee. new onset seizure.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

General/Family
Practice
Disapproval
Pt c/o bilateral feet and hand numbness.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell’s palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.

General/Family
Practice
Disapproval
Pt c/o dizziness and multiple falls; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.

General/Family
Practice
Disapproval
Positive for dizziness and headaches.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

General/Family
Practice
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Patient reports worsening of migraine headaches and they are occurring more frequently; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

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Patient reports worsening of migraine headaches and they are occurring more frequently; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

General/Family
Practice
Disapproval
Pt c/o bilateral feet and hand numbness.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell’s palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.
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**Pt has peripheral vision loss; This study is being ordered for a neurological disorder.**

09/28/2017; It is not known if there has been any treatment or conservative therapy.

Pt had peripheral vision loss for approx 5 minutes; also has right breast swelling; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

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**Pt has recurring headache; visual disturbances; t/o aneurysm; This request is for a Brain MRI; The study is being requested for evaluation of a headache.**

The patient has a chronic or recurring headache.

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**Pt is a cancer pt; This request is for a Brain MRI; The study is being requested for evaluation of a headache.**

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**Pt was seen for another office visit on 11/02/17. Called back on 11/06/17 to let us know she still hasn’t has any improvements.**

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**Pt was seen starting 10/6/17 for these headaches. Associated symptoms where chest pain and SOB. Pt came in again on 10/20/17 and was started on Fiorinal. still with headaches on 11/1/17 visit. pt came in again 11/17/17 still with headaches requesting MRI t; This request is for a Brain MRI; The study is being requested for evaluation of a headache.**

**The headache is described as chronic or recurring.**

**The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.**

**There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.**

**It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).**

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**Recurring, started 6/7/17, prescription Imitrex, headache described as migraine but no formal evaluation; This request is for a Brain MRI; The study is being requested for evaluation of a headache.**

**The patient has a chronic or recurring headache.**

**Rule Out aneurysm; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.**

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Same as last box; This study is being ordered for a neurological disorder.; Patient is having low back pain with radiculopathy and also migraines with visual changes.; There has not been any treatment or conservative therapy.; Low back pain radiating into leg and migraines with visual changes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms. 1

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms. 1

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms. 1

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms. 2

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms. 1
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<td>71250 CT CHEST, THORAX</td>
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<tr>
<td>General/Family Practice</td>
<td>Disapproval</td>
<td>71250 CT CHEST, THORAX</td>
<td>Radiology Services Denied Not Medically Necessary</td>
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</tbody>
</table>

unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.

Unknown; This study is being ordered for a neurological disorder.; At least a year; There has been treatment or conservative therapy.; Unknown: CTA of chest, EKG, normal ECG, fell off a porch, light headiness, warmth, bilateral tinnitus, gradual onset headache, migraine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Unknown; This study is being ordered for trauma or injury.; 08/21/2017; There has been treatment or conservative therapy.; Chronic pain (rated 10 out of 10), knot in shoulder and armpit.; Physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

&lt;Additional Clinical Information&gt;; Yes, this is a Functional MRI Brain.

&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; "There is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT.

&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT.

&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT.

&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; There is no radiologic evidence of asbestosis.; There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection.; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT.
Disapproval 71250 CT CHEST, THORAX
Radiology Services Denied
Not Medically Necessary

General/Family Practice

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.

Enter date of initial onset here - or Type In Unknown If No Info Given.

It is not known if there has been any treatment or conservative therapy.

Describe primary symptoms here - or Type In Unknown If No Info Given.

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

3

General/Family Practice

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.

Enter date of initial onset here - or Type In Unknown If No Info Given.

There has not been any treatment or conservative therapy.

BACK PAIN SHOOTING PAIN DOWN LEGS JOINT PAIN SHOULDER AND NECK PAIN FATIGUE HEADACHES COUGH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

1

General/Family Practice

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.

There has not been any treatment or conservative therapy.

Describe primary symptoms here - or Type In Unknown If No Info Given.

Chiropractor and increase water intake; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

1

General/Family Practice

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.

10/27/2017; There has been treatment or conservative therapy.

Describe primary symptoms here - or Type In Unknown If No Info Given.

MEDICATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

1

General/Family Practice

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.

9/01/2017; There has been treatment or conservative therapy.

Describe primary symptoms here - or Type In Unknown If No Info Given.

MEDICATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

1
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<tr>
<th>General/Family Practice</th>
<th>Disapproval</th>
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<th>71250 CT CHEST, THORAX</th>
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<td><strong>71250 CT CHEST, THORAX</strong></td>
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<td><strong>Not Medically Necessary</strong></td>
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</table>
General/Family Practice  Disapproval  71250 CT CHEST, THORAX  Not Medically Necessary  

Radiology Services Denied  6mnth follow-up to last CT.; “There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.”; A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT  

General/Family Practice  Disapproval  71250 CT CHEST, THORAX  Not Medically Necessary  

Radiology Services Denied  Abnormal CT back in 07/2017; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient does NOT have a 30 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT  

General/Family Practice  Disapproval  71250 CT CHEST, THORAX  Not Medically Necessary  

Radiology Services Denied  Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT  

General/Family Practice  Disapproval  71250 CT CHEST, THORAX  Not Medically Necessary  

Radiology Services Denied  Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT  

General/Family Practice  Disapproval  71250 CT CHEST, THORAX  Not Medically Necessary  

Radiology Services Denied  Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT  

General/Family Practice  Disapproval  71250 CT CHEST, THORAX  Not Medically Necessary  

Radiology Services Denied  Also having abdominal pain with severe soreness; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient is having right upper chest pain that radiates through to his back and shoulders; There has not been any treatment or conservative therapy.; right upper chest pain that radiates through to his back causing acute thoracic back pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
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<td>General/Family Practice</td>
<td>Disapproval</td>
<td>71250 CT CHEST, THORAX</td>
<td>Not Medically Necessary</td>
<td>Chest discomfort that is constant; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT</td>
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<td>General/Family Practice</td>
<td>Disapproval</td>
<td>71250 CT CHEST, THORAX</td>
<td>Not Medically Necessary</td>
<td>CHEST MASS; &quot;There is evidence of a lung, mediastinal or chest mass noted within the last 30 days.&quot;; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT</td>
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<td>General/Family Practice</td>
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<td>71250 CT CHEST, THORAX</td>
<td>Not Medically Necessary</td>
<td>Chest pain describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema); Yes this is a request for a Diagnostic CT</td>
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<td>General/Family Practice</td>
<td>Disapproval</td>
<td>71250 CT CHEST, THORAX</td>
<td>Not Medically Necessary</td>
<td>Chest pain describes the reason for this request.; Another abnormality led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema); Yes this is a request for a Diagnostic CT</td>
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<td>Disapproval</td>
<td>71250 CT CHEST, THORAX</td>
<td>Not Medically Necessary</td>
<td>Chest pain describes the reason for this request.; 'None of the above' led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema); Yes this is a request for a Diagnostic CT</td>
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<td>71250 CT CHEST, THORAX</td>
<td>Not Medically Necessary</td>
<td>Chest pain describes the reason for this request.; This study is being requested for Screening of Lung Cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT</td>
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<td>Disapproval</td>
<td>71250 CT CHEST, THORAX</td>
<td>Not Medically Necessary</td>
<td>Chest pain describes the reason for this request.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; It is unknown if this patient is a smoker or has a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT</td>
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<td>71250 CT CHEST, THORAX</td>
<td>Not Medically Necessary</td>
<td>Chest pain describes the reason for this request.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; It is unknown if this patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; It is unknown if the patient quit smoking in the past 15 years.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT</td>
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<td>General/Family Practice</td>
<td>Disapproval</td>
<td>71250 CT CHEST, THORAX</td>
<td>Not Medically Necessary</td>
<td>Chest pain describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT</td>
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Chest pain describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT.

Complains of being exposed to asbestos over the years and difficulty breathing.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT.

COPD, cough, smoked 37 years, decreased breath sounds.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection.".; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT.

cough greater than 3mths.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT.

cough since 11/25/17, patient has been seen in the emergency room twice, Patient has taken anti-biotic, and x-rays have been normal.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection.".; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT.

coughing up blood. chronic cough. low grade fever for 2 months.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection.".; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT.

Deep pain left rib cage worse in past few weeks.; She comes in still having pain along the lateral aspect of her left rib cage. This hurts if she presses on it, or if she doesn't even move. The prednisone did help the pain, although never went completely away.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT.
diffuse lower abdominal pain, diverticulosis, left pulmonary nodule. Patient had
tenderness in her right lower quadrant. An x-ray was done on patient and we found a
pulmonary nodule.; This study is being ordered for a metastatic disease.; There are 2
exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT
Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is
NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or
Radiation Oncology
dged, colonoscopy; This study is being ordered for something other than: known
trauma or injury, metastatic disease, a neurological disorder, inflammatory or
infectious disease, congenital anomaly, or vascular disease.; 8-22-2017; There has
been treatment or conservative therapy.; Nausea, diarrhea, fatigue, worsening
headaches, neck pain; blood work, referred for muscle biopsy, medication; One of the
studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or
Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist,
Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
elevated enzymes; This study is being ordered for Inflammatory/ Infectious Disease.;
eight days ago; There has been treatment or conservative therapy.; abscess, fever.;
took medication, and stayed hydrated; One of the studies being ordered is NOT a
Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering
MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical
Oncology or Radiation Oncology

he is now reporting his face and eyes swelling - this is distinctly unusual.; This study is
being ordered for Vascular Disease.; he is now reporting his face and eyes swelling -
this is distinctly unusual; he is now reporting his face and eyes swelling - this is distinctly unusual; One of the
studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or
Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist,
Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

L plural base nodule, in the l upper chest 14.5mm with adenopathy; "There IS
evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A
Chest/Thorax CT is being ordered.; This study is being ordered for work-up for
suspicious mass.; Yes this is a request for a Diagnostic CT

he is now reporting his face and eyes swelling - this is distinctly unusual.; This study is
being ordered for Vascular Disease.; he is now reporting his face and eyes swelling -
this is distinctly unusual; he is now reporting his face and eyes swelling - this is distinctly unusual; One of the
studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or
Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist,
Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

L plural base nodule, in the l upper chest 14.5mm with adenopathy; "There IS
evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They
had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being
ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT

Lung nodule, past history of cancer, previous CT done july 2016; this is for follow up;
"There is NO evidence of a lung, mediastinal or chest mass noted within the last 30
days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up
for suspicious mass.; Yes this is a request for a Diagnostic CT
Neck still hurts, she also said she got really disoriented, shoulders are still hurting. Pt failed EKG. Needs further testing; This study is being ordered for trauma or injury.; March of 2017; There has been treatment or conservative therapy.; ; Chiropractor and 6 weeks or more of physical therapy. Failed medication as well.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

No, the patient was NOT seen by a specialist because of the traumatic injury.; Chest pain describes the reason for this request.; It is unknown if anything else was noted on evaluation after the injury.; This is a request for a Chest CT.; This study is being requested for chest injury or trauma within the past 2 weeks.; Yes this is a request for a Diagnostic CT

'None of the above' describes the reason for this request.; Abnormal mass in the chest, chest wall, or lung is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT

'None of the above' describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema); Yes this is a request for a Diagnostic CT

'None of the above' describes the reason for this request.; 'None of the above' were relevant in the diagnosis or suspicion of vascular disease; This is a request for a Chest CT.; This study is being requested for known or suspected blood vessel (vascular) disease; Yes this is a request for a Diagnostic CT

This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT

This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 30 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT


<table>
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<tr>
<th>General/Family Practice</th>
<th>Radiology Services Denied</th>
<th>CT Code</th>
<th>Reason for Denial</th>
</tr>
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<tbody>
<tr>
<td>Patient has abnormal chest x-ray with chronic fibrosis of the lungs. Also a suspicious shadowing in left perihilar region. Patient is a smoker.</td>
<td>71250 CT CHEST, THORAX</td>
<td>Not Medically Necessary</td>
<td>Patient presents to clinic with chest pain. Right lung mass with increased right hemidiaphragm noted on CXR. Patient's pain is worsening, patient is needing high tech imaging so we can adequately treat patient. To improve quality of life. The patient's pain is worsening, patient is needing high tech imaging so we can adequately treat patient. To improve quality of life.</td>
</tr>
<tr>
<td>Patient states she had a CT of abd/pelvis and was told she has lung masses.</td>
<td>71250 CT CHEST, THORAX</td>
<td>Not Medically Necessary</td>
<td>Patient states she had a CT of abd/pelvis and was told she has lung masses. Caller is not sure if there is evidence of a lung, mediastinal or chest mass noted within the last 30 days. Patient has COPD changes and scarring on lungs were noted in an x-ray. A Chest/Thorax CT is being ordered; This study is being ordered for work-up for suspicious mass; Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>Pt had COPD changes and scarring on lungs were noted in an x-ray. A Chest/Thorax CT is being ordered; This study is being ordered for work-up for suspicious mass;</td>
<td>71250 CT CHEST, THORAX</td>
<td>Not Medically Necessary</td>
<td>Pt had COPD changes and scarring on lungs were noted in an x-ray. A Chest/Thorax CT is being ordered; This study is being ordered for work-up for suspicious mass; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; It is unknown if the patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT 1.

None of the above' describes the reason for this request.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT 4.

None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT 3.

None of the above' describes the reason for this request.; This study is being requested for 'none of the above.'; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT 3.

None of the above' describes the reason for this request.; This study is being requested for none of the above.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT 1.

None of the above' describes the reason for this request.; This study is being requested for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT 1.

None of the above' describes the reason for this request.; This study is being requested for none of the above.; This study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT 1.

None of the above' describes the reason for this request.; This study is being requested for non of the above.; Yes this is a request for a Diagnostic CT 1.

None of the above' describes the reason for this request.; This study is being requested for none of the above.; This study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT 1.
General/Family Practice  Disapproval  71250 CT CHEST, THORAX  Not Medically Necessary

Radiology Services Denied

Not Medically Necessary

Pt has diplopia; r/o thymoma; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT

R/O rib fracture; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; November 2016; There has been treatment or conservative therapy.; pain in RUQ; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

right sided chest pain, persistent; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT

see attached; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/02/2017; There has been treatment or conservative therapy.; fatigue and chills; B12 injections for b12 deficiency - no improvement in fatigue; labs done to confirm no other cause; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

She complains of occasional midsternal chest pain. She smokes one ppd; has a smokers' cough and shortness of breath. She has lost about 35 pounds in the last year.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT

She has body aches, sinus pain, runny nose, SOB, cough, pain in her legs w/ walking &amp; numbness. States she still has a cough, but it is improving. Prednisone did not change her SOB.; noted to have dyspnea for about 1 year, worsening lately. Used to be; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT
She has body aches, sinus pain, runny nose, SOB, cough, pain in her legs with numbness. States she still has a cough, but it is improving. Prednisone did not change her SOB. noted to have dyspnea; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; "There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT

SOB, and elevated white blood count; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; "There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT

Suspicious of tumor; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; &lt; Enter answer here &gt; or Type In Unknown If No Info Given. &lt;&gt;: "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient.".; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; "There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; HEMATEMESIS STARTED 3 DAYS AGO. FREQUENCY IS SEVERAL TIMES A DAY. ESTIMATED BLOOD LOSS IS A FEW TEASPOONS. PNEUMONIA WAS SEEN WITH X-RAY.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient.".; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; "There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT

This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; Yes this is a request for a Diagnostic CT

This is a request for a Thorax (Chest) CT.; Abnormal imaging test describes the reason for this request.; Yes this is a request for a Diagnostic CT

This is a request for a Thorax (Chest) CT.; Abnormal laboratory test describes the reason for this request.; Yes this is a request for a Diagnostic CT
Unexplained weight loss describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT.

unexplained weight loss, chronic cough and current every day tobacco use; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

unintentional weight loss&¥003382X persistent night sweats&¥003382X leukocytosis; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT.

unknown; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT.

unknown; This study is being ordered for Vascular Disease.; 09/29/2017; There has been treatment or conservative therapy.; chronic back pain, left clavicle break, loss of sensation in left leg.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Hypertension has been difficult to control. Patient has been having intermittent pain and feeling swelling and muscle pain.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.

&¥003382N Enter answer here - or Type In Unknown If No Info Given. &¥003382N This study is being ordered for a work-up of a suspicious mass.; There is no radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.

This study is being ordered for a work-up of a suspicious mass.; There is no radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.

This study is being ordered for a work-up of a suspicious mass.; There is no radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.

This study is being ordered for a work-up of a suspicious mass.; There is no radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.
| General/Family Practice | Disapproval 71550 MRI CHEST | Radiology Services Denied | Not Medically Necessary | Patient has had severe reported back pain since June of 2017. Patient has went to Physical Therapy for 8 weeks with no relief. Patient has continued physical therapy in his home for 6 weeks. The pain is causing patient to have limited ability with his family; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. &lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt;Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt;Enter primary symptoms here - or Type In Unknown If No Info Given &gt;; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 |
| General/Family Practice | Disapproval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST | Radiology Services Denied | Not Medically Necessary | This 23-year-old male had head trauma sustained this morning during MVA resulting in several staples to the right parietal scalp. He reports being the restrained driver of his pickup truck that was involved in MVA at a stoplight when a moving vehicle s; This study is being ordered for trauma or injury.; 10/04/2017; There has not been any treatment or conservative therapy.; Having neck pain, headache, nausea, required staples in right side of head.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 |
| General/Family Practice | Disapproval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST | Radiology Services Denied | Not Medically Necessary | One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. &lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI. &lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI. | 2 |
| General/Family Practice | Disapproval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST | Radiology Services Denied | Not Medically Necessary | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. ; The patient has not failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; There has not been a supervised trial of conservative management for at least 6 weeks.; "The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Disfunction, New Foot Drop, or Radiculopathy."; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI. | 1 |
| General/Family Practice | Disapproval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST | Radiology Services Denied | Not Medically Necessary | ; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 |
| General/Family Practice | Disapproval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST | Radiology Services Denied | Not Medically Necessary | ; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 |
General/Family Practice Disapproval
72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
Radiology Services Denied Not Medically Necessary

Patient falls off a ladder 10/4/17 and felt something "pop" on the right side of his neck.
Records will be sent for review; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.

Neck pain and left shoulder pain. Left trapezius muscle pain and spasm. H/O right tonsil cancer. No injury. No improvement with antinflammatories.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.

Patient complains of neck pain. States it is aggravated by movement. He states the pain has been there for a long time and is getting worse. He denies injury. He rates pain 3/10. He states he can hear a grinding noise when he moves head/neck. He states re; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.

Patient fell off of a ladder 10/4/17 and felt something "pop" on the right side of his neck. &lt;#0D;&amp;#0D; Records will be sent for review; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.

None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2013; There has been treatment or conservative therapy.; Pt has low back pain . Upper and lower extremities pain; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

*This study is being ordered for trauma or injury.; pt injured her neck and shoulder in 2014; There has been treatment or conservative therapy.; pain in her neck that radiates down to her hand and shoulder; pt started PT this month and this doesn't seem to be helping, she has been giving or told to take ibuprofen OTC, One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2013; There has been treatment or conservative therapy.; Pt has low back pain . Upper and lower extremities pain; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2013; There has been treatment or conservative therapy.; Pt has low back pain . Upper and lower extremities pain; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

*This study is not to be part of a Myelogram.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.

*This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.

*This study is being ordered for trauma or injury.; pt injured her neck and shoulder in 2014; There has been treatment or conservative therapy.; pain in her neck that radiates down to her hand and shoulder; pt started PT this month and this doesn't seem to be helping, she has been giving or told to take ibuprofen OTC, One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2013; There has been treatment or conservative therapy.; Pt has low back pain . Upper and lower extremities pain; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

*This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.

*This study is not to be part of a Myelogram.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.

None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2013; There has been treatment or conservative therapy.; Pt has low back pain . Upper and lower extremities pain; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2013; There has been treatment or conservative therapy.; Pt has low back pain . Upper and lower extremities pain; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2013; There has been treatment or conservative therapy.; Pt has low back pain . Upper and lower extremities pain; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2013; There has been treatment or conservative therapy.; Pt has low back pain . Upper and lower extremities pain; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
<table>
<thead>
<tr>
<th>General/Family Practice</th>
<th>72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST</th>
<th>Radiology Services Denied</th>
<th>Not Medically Necessary</th>
<th>Patient had a fall and injured shoulder. He is now having bilateral numbness. This study is not to be part of a Myelogram. This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.</th>
</tr>
</thead>
<tbody>
<tr>
<td>General/Family Practice</td>
<td>72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>Patient had a x-ray done and showed fracture so doc ordered a ct no reason a MRI cant be performed; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.</td>
</tr>
<tr>
<td>General/Family Practice</td>
<td>72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>PATIENT HAS SEVERE LUMBAR PAIN FROM SPINAL STENOSIS IN THE CERVICAL REGION ALONG WITH A PROLAPSED CERVICAL INTERVERTEBRAL DISC; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
</tr>
<tr>
<td>General/Family Practice</td>
<td>72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST</td>
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<td>patient had a x‐ray done and showed fracture so doc ordered a ct no reason a MRI cant be performed; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.</td>
</tr>
<tr>
<td>General/Family Practice</td>
<td>72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>patient is having abdominal pain and having neck pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
</tr>
<tr>
<td>General/Family Practice</td>
<td>72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>patient is having neck pain and has a knot on left side of neck. has uses nsaids with little relief, This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.</td>
</tr>
<tr>
<td>General/Family Practice</td>
<td>72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>Patient Stated that neck pain and back pain has gotten worst since last office visit; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
</tr>
<tr>
<td>General/Family Practice</td>
<td>72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>Post traumatic neck and thoracic pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
</tr>
<tr>
<td>General/Family Practice</td>
<td>72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>R/O nerve impingement; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; Increasing chronic pain, sciatica pain, numbness, multi level spondylosis; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
</tr>
<tr>
<td>General/Family Practice</td>
<td>72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>RECURRENT CEREBRAL ANEURYSMS; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits.; &quot;The caller indicated that the patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Disfunction, New Foot Drop, or Radiculopathy.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.</td>
</tr>
<tr>
<td>General/Family Practice</td>
<td>Disapproval</td>
<td>72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
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<tr>
<td>General/Family Practice</td>
<td>Disapproval</td>
<td>72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
</tr>
<tr>
<td>General/Family Practice</td>
<td>Disapproval</td>
<td>72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
</tr>
<tr>
<td>General/Family Practice</td>
<td>Disapproval</td>
<td>72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
</tr>
<tr>
<td>General/Family Practice</td>
<td>Disapproval</td>
<td>72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
</tr>
</tbody>
</table>

The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis, & Bowel or bladder dysfunction, Evidence of new foot drop, etc...

This patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to trauma or acute injury within 72 hours.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis, & Bowel or bladder dysfunction, Evidence of new foot drop, etc...

This patient needs to be evaluated for the pain and radiculopathy in the lumbar, cervical and thoracic area to see if steroid injections or surgery are appropriate.; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; numbness and tingling in the lumbar area, severe pain and numbness in the cervical and thoracic area.; Patient has tried oral NSAID's, analgesics as well as home physical therapy and physical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; BACK PAIN SHOOTING PAIN DOWN LEGS JOINT PAIN SHOULDER AND NECK PAIN FATIGUE HEADACHES COUGH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT

; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT

; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT

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; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
HPI-follow up on chronic thoracic back pain and had surgery with fusion one year ago. Unable to do anything and thoracic back pain radiates to the left side under her shoulder blade. Only minimal short term relief with the pain medication. Still with d;

This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT

member suffered a fall; This study is being ordered for trauma or injury.; 11/09/2017; There has not been any treatment or conservative therapy.; pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2013; There has been treatment or conservative therapy.; Pt has low back pain . Upper and lower extremities pain; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Patient has had back pain for 2 weeks. No noted injury. Has tried oral steroid with no improvement.; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT

PATIENT HAS SEVERE LUMBAR PAIN FROM SPINAL STENOSIS IN THE CERVICAL REGION ALONG WITH A PROLAPSED CERVICAL INTERVERTEBRAL DISC; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Persistant back pain for 8 weeks - son picked her up and felt a pop in her back. nsaid, relaxers, nor pain meds have helped; This is a request for a thoracic spine CT.; It is not known how many follow-up Thoracic Spine CTs this patient had.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT

Post traumatic neck and thoracic pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
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<th>General/Family Practice</th>
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She is reporting worsening mid back pain that first occurred 10 years ago but has been occurring daily for the past one year. Occasionally gets numbness of both hands feet in sock and gloves distribution simultaneously lasting one hour som; The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is not experiencing or presenting abnormal gait, lower extremity weakness, asymmetric reflexes, recent fracture, or radiculopathy.; The patient does have neurological deficits.; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT suspected herniated disc; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; Yes this is a request for a Diagnostic CT The patient does not have any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT This patient needs to be evaluated for the pain and radiculopathy in the lumbar, cervical and thoracic area to see if steroidal injections or surgery are appropriate.; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; numbness and tingling in the lumbar area, severe pain and numbness in the cervical and thoracic area.; Patient has tried oral NSAID's, analgesics as well as home physical therapy and physical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Trauma, struck in the back by a blunt object, regular plain films done; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT. BACK PAIN SHOOTING PAIN DOWN LEGS JOINT PAIN SHOULDER AND NECK PAIN FATIGUE HEADACHES COUGH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
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**Explanation:**

- **General/Family Practice**, **Disapproval**: This is a request for a lumbar spine CT. The patient does not have a history of severe low back trauma or lumbar injury. This is not a preoperative or recent postoperative evaluation. This is not part of a myelogram or discogram. The patient is experiencing symptoms of radiculopathy for six weeks or more. **Yes this is a request for a Diagnostic CT.**
This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT

This patient needs to be evaluated for the pain and radiculopathy in the lumbar, cervical and thoracic area to see if steroidal injections or surgery are appropriate.; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; numbness and tingling in the lumbar area, severe pain and numbness in the cervical and thoracic area.; Patient has tried oral NSAID’s, analgesics as well as home physical therapy and physical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; bil arms; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; Been going to Chiropractor for pain

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.
This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; limited ROM in both extremities; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; There is weakness.; Numbness in fingers.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

This study is being ordered for a neurological disorder.; 11/30/2017; There has been any treatment or conservative therapy.; NUMBNESS, WEAKNESS IN UPPER EXTREMITIY, PAIN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for a neurological disorder.; 7/2017; There has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; Medication and Physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
&lt;Enter answer here - or Type Unknown If No Info Given. &gt;&lt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt;Enter date of initial onset here - or Type Unknown If No Info Given &gt;&lt;; There has been treatment or conservative therapy.; &lt;Describe primary symptoms here - or Type Unknown If No Info Given.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

General/Family Practice Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

&lt;Enter answer here - or Type Unknown If No Info Given. &gt;&lt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; neck to back pain; Over the counter pain meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

General/Family Practice Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

&lt;Enter answer here - or Type Unknown If No Info Given. &gt;&lt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2017; There has been treatment or conservative therapy.; neck pain, ABD pain, joint pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

General/Family Practice Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

&lt;Enter answer here - or Type Unknown If No Info Given. &gt;&lt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/28/2017; There has been treatment or conservative therapy.; pain radiates into her shoulder to neck, its tingling, it is getting worse the meds are not working the meds give her relief but not fully relief.; meds were given to the pt, heating pad, ibuprofen not helping; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

General/Family Practice Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

&lt;Enter answer here - or Type Unknown If No Info Given. &gt;&lt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11 years ago; There has been treatment or conservative therapy.; mbr pain in back and numbness in both legs pain in neck with numbness and weakness in arms R/O herniated disc; mbr has medication and pain clinic andlesi injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
&lt;Enter answer here – or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; &lt; Enter date of initial onset here – or Type In Unknown If No Info Given.; 9/13/2017; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here – or Type In Unknown If No Info Given.; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

&lt;Enter answer here – or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/29/2017; There has been treatment or conservative therapy.; lower back pain, lumbar and cervical radiculopathy; PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

&lt;Enter answer here – or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; &lt; Enter date of initial onset here – or Type In Unknown If No Info Given.; HEADACHE, NECK PAIN; NSAIDS, CT NECK DONE, CT HEAD BOTH IN 11/2017 BOTH NORMAL; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

&lt;Enter answer here – or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 10/01/2017; There has been treatment or conservative therapy.; HEADACHE, NECK PAIN; NSAIDS, CT NECK DONE, CT HEAD BOTH IN 11/2017 BOTH NORMAL; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

&lt;Enter answer here – or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 10/26/17; There has not been any treatment or conservative therapy.; back and neck pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 7/2010; There has been treatment or conservative therapy.; pain numbness and tingling in right arm; x-rays; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; July or August of 2017; There has been treatment or conservative therapy.; pain in bilateral shoulders neck and thoracic area, off and on numbness in right hand; otc and prescription meds, at home therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture. 1

&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture. 1

&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; Positive for back pain (chronic, but worsening - been through PT, pain mgmt, had MRI C7/ spine in the past ). MRI 2013 SHOWED MINIMAL DISC BULDG C3-4, C4-5, AND C5-6. 1

&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture. 2
This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms; There is weakness; Some paraspinous tenderness with palpation of cervical spine and lower lumbar spine. Pain present with flexion and extension of neck and lower back. Grip strength equal to bilateral upper extremities. Equal strength with plantar and dorsiflexion of bilate; The patient does not have new signs or symptoms of bladder or bowel dysfunction; There is not x-ray evidence of a recent cervical spine fracture.

; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.

; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;

; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;

; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy;? The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Patient advised by physician, home exercises, to attempt some improvement in pain level.; Medrol dose pack,&#39;&#39;x0D; Robaxin 750 mg
General/Family Practice Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks; The patient has seen the doctor more then once for these symptoms; The physician has directed conservative treatment for the past 6 weeks; The patient has not completed 6 weeks of physical therapy; The patient has been treated with medication; The patient was treated with oral analgesics; The patient has not completed 6 weeks or more of Chiropractic care; The physician has directed a home exercise program for at least 6 weeks; The home treatment did include exercise, prescription medication and follow-up office visits.

General/Family Practice Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks; The patient has seen the doctor more then once for these symptoms; The physician has directed conservative treatment for the past 6 weeks; The patient has not completed 6 weeks of physical therapy; The patient has been treated with medication; The patient was treated with oral analgesics; The patient has not completed 6 weeks or more of Chiropractic care; The physician has not directed a home exercise program for at least 6 weeks.

General/Family Practice Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

; This is a request for cervical spine MRI; Trauma or recent injury; It is not known if the patient does have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks; The patient has seen the doctor more then once for these symptoms; The physician has not directed conservative treatment for the past 6 weeks.

General/Family Practice Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

; This is a request for cervical spine MRI; Trauma or recent injury; It is not known if the patient does have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks; The patient has seen the doctor more then once for these symptoms; The physician has not directed conservative treatment for the past 6 weeks.

General/Family Practice Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

; This is a request for cervical spine MRI; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms; There is reflex abnormality; The patient does not have new signs or symptoms of bladder or bowel dysfunction; There is not x-ray evidence of a recent cervical spine fracture; AND weakness upper right

General/Family Practice Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder; There has been treatment or conservative therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBC, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

General/Family Practice Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

; This study is being ordered for a neurological disorder; There has been treatment or conservative therapy; pt has pain in neck left shoulder that radiates down to elbow with numbness in fingers 2-5. pain is 6/10 most of the time and sometimes 10/10; Patient has used otc and prescription pain meds. Has tried exercises at home; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBC, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
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- This study is being ordered for a neurological disorder.; 11/2/17; There has not been any treatment or conservative therapy.; Positive for back pain (Has been on narcotics in the past from a pain clinic. Stopped cold turkey, and does not want to ever start them again.) and neck pain@MD; Positive for ear pain, hearing loss and tinnitus.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

- This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Per patient approx. 3 years.; There has been treatment or conservative therapy.; Low back and neck pain with numbness and tingling of both lower extremities. Weakness in extremities on exam. Tingling in the left forearm when using upper extremities.; Gabapentin/Ibuprofen since 07/20/2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

- This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Per patient approx. 3 years.; There has been treatment or conservative therapy.; Low back and neck pain with numbness and tingling of both lower extremities. Weakness in extremities on exam. Tingling in the left forearm when using upper extremities.; Gabapentin/Ibuprofen since 07/20/2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

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General/Family Practice Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

; This study is being ordered for trauma or injury.; MAY 2017; There has been treatment or conservative therapy.; numbness, tingling, and radiating pain down both legs;&x003F; severe posterior neck pain with radiating pain down bilateral arms with numbness and tingling.; HEAT AND ICE, HOME EXERCISES; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

10/06/2017 Onset: 2 days ago. The severity of the problem is moderate. Duration: 2 Days. The problem has not changed. The frequency of pain is constant. Location of pain is left lateral neck, left posterior neck, left shoulder and left arm. There; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x‐ray evidence of a recent cervical spine fracture.

2 months for pain muscle tightness left sided stiffness of the neck motor vehicle accident in 2000 he think is causing the pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;

12/6/17; There has been treatment or conservative therapy.; neck pain and shoulder pain radiculopathy neuropathy; Anti inflammatory steroid pack and muscle relaxer; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

40 year old male presents with Complains of: here to establish a PCP. He reports right arm pain that started 2 months ago. He reports pain in the center or the back. Reports worse with deep breath, worse with movement. Reports pain is constant. He reports; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness of Right hand; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x‐ray evidence of a recent cervical spine fracture.
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Radiology Services Denied

Disapproval

Not Medically Necessary

47-year-old female referred by Dr. Rosson for evaluation of chronic headaches and neck pain. She reports that the symptoms began December 30th 2016 when she was stepping out of her van while carrying a box and her hair got caught in the vehicle door. She repo; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 47-year-old female referred by Dr. Rosson for evaluation of chronic headaches and neck pain. She reports that the symptoms began December 30th 2016 when she was stepping out of her van while carrying a box and her hair got caught in the vehicle door. She repo; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

9/22/17 pain started in the neck left shoulder, right shoulder; history of trauma, joint locking; swelling; limited range of motion, progressively gotten worse. Office visit on 9/28/17 left shoulder injection. 10/6/17 neck pain unchanged; numbness; order; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.

Abnormal x-ray of the cervical spine.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks. Abrupt onset of neck pain and severe pain radiating out left upper extremity to thumb and index finger. Pain worsening in neck and lue without movement of lue. Has had lumbar surgery and seen chiropractor; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Musculoskeletal&x0D; Comments;&x0D; Neck pain radiating to LUE. Mild to moderate pain with decreased range of motion AND weakness.&x0D; Assessment&x0D; Cervical radiculopathy (M54.12).&x0D; Plan Orders&x0D; Further diagnostic evaluations ordered today include(s) MRI NECK SPINE W/; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Back pain, numbness to hand; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/17/17; There has been treatment or conservative therapy.; Muscle tension, numbness to left hand, lower back tenderness.; Medicine, and home exercise with heat; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
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<td>chronicle going on for a couple of years; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2016; There has been treatment or conservative therapy.; chronic neck pain and low back pain.; Ortho and Pain Management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>Does not have full range of motion of neck; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/18/2017; There has been treatment or conservative therapy.; Low back pain, neck pain, swelling; Medication management and chiropractic treatment.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>due to injury; This study is being ordered for trauma or injury.; 09/30/2017; There has been treatment or conservative therapy.; pain; Pain Meds, Ice; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>Enter answer here - or Type In Unknown If No Info MVA on 10-13 Airbags deployed throwing neck and back into the seat at 40 mph. frontal headaches, neck and back pain and right shoulder pain numbness in right hand and getting worse. Started on anti in; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; shooting pain in neck&amp;nkd; headaches&amp;nkd; history broken back&amp;nkd; nerve damage&amp;nkd; worsening pain&amp;nkd; numbness left arm; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.</td>
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<td>Evaluate neck and lower back to determine how to treat; This study is being ordered for trauma or injury.; 10/19/2017; There has been treatment or conservative therapy.; Neck pain that radiates to the intrascapular area. Says pain is severe intermittent sharp and throbbing. Other symptoms include crepitus, headaches, and neck stiffness.; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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<td>Face, arms &amp; hands numbness &amp; tingling a couple of time a day, drools on the right side of mouth.; This study is being ordered for a neurological disorder.; 2 months ago for the headaches unknown for the radiculopathy; There has been treatment or conservative therapy.; The pt has daily headaches.; Medicine for headache-Trimadol, tried PT but worst than pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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<td>HAVING NECK PAIN SINCE 2014, PAIN RADIATES TO SHOULDER ARM HAND, WEAKNESS TO ARMAS AND HANDS.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Shoulder pain noted. She complains of right shoulder pain. It radiates to the arm and neck. The pain initially started one month ago. There was no obvious precipitating injury. She describes it as moderate in severity, constant, dull, and aching. Re; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</td>
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<td>He also is concerned about neck pain. He has had an MRI three years ago that showed some disc disease. No significant interventions were performed at that time. He continues to have radicular symptoms radiating out to the arms and fingers bilaterally. No ; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</td>
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<td>Headache; dizziness; cervical neck pain with associated arm pain; pt hx of falling from chair at home while sitting still.; This study is being ordered for a neurological disorder.; 11/21/2017 is the first clinic encounter for pt with these complaints.; There has not been any treatment or conservative therapy.; Headache with dizziness. Pt states room starts spinning while sitting in chair and falls from chair. Complaints of cervical neck pain radiating down both arms.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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General/Family Practice

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History of cervical spine fusion; Z98.1 Arthrodesis status; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks; The patient has seen the doctor more then once for these symptoms; The physician has directed conservative treatment for the past 6 weeks; It is not known if the patient has completed 6 weeks of physical therapy; The patient has been treated with medication; It is not known was medications were used in treatment; It is not known if the patient has completed 6 weeks more of Chiropractic care; It is not known if the physician has directed a home exercise program for at least 6 weeks.

Increasing back and neck pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; Osteopenia found on xrays. Neck pain and back pain. Initially treated in 9/2016; It is not known if there has been any treatment or conservative therapy; Back and neck pain. Osteopenia found on bone density in 2016; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBC, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

It is not known if the patient has failed a course of anti-inflammatory medication or steroids; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits; It is not known if this patient had a recent course of supervised physical therapy; It is not known if the patient had six weeks of Chiropractic care related to this episode; &gt;Enter Additional Clinical Information&lt;

It is not known if the patient has failed a course of anti-inflammatory medication or steroids; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits; It is not known if this patient had a recent course of supervised physical therapy; It is not known if the patient had six weeks of Chiropractic care related to this episode; Chronic pain

It is not known if the patient has failed a course of anti-inflammatory medication or steroids; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits; It is not known if this patient had a recent course of supervised physical therapy; It is not known if the patient had six weeks of Chiropractic care related to this episode; unknown

It is not known if the patient has failed a course of anti-inflammatory medication or steroids; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits; It is not known if this patient had a recent course of supervised physical therapy; No, the patient did not have six weeks of Chiropractic care related to this episode; UNKNOWN
It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.;

It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.;

She states this has been going on for at least 6 months. The patient states that the neck pain is located in the cervical region, bilateral, worse on left than right, radiating down into left trapezius and left clavicular area, sharp at times, dull and ac...
General/Family Practice Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Radiology Services Denied

Not Medically Necessary

It arm weakness, increasing cervical pain; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; left arm weakness found on exam.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

LUMBAR CERVICAL AND THORACIC PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Msk: no tenderness of paracervical muscles, point tenderness along c-spine at C4/5/6, limited ROM of neck, limited ROM of right shoulder with limited movement along supraspinatus alignment;&lt;#x0D;&lt;#x0D;Impression: &lt;#x0D; Cervical radiculopathy, right (ICD-723.4) (ICD10-M5); This is a request for cervical spine MRI; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.

mva on 07/06/2017. having pain since the accident with no relief. pain extends down both arms and numbness down left arm. develops numbness to left upper thigh as well. pain is worse to lower back and between her shoulder blades. weakness to right hand a; This study is being ordered for trauma or injury.; 07/06/2017; There has been treatment or conservative therapy.; mva on 07/06/2017. having pain since the accident with no relief. pain extends down both arms and numbness down left arm. develops numbness to left upper thigh as well. pain is worse to lower back and between her shoulder blades. weakness to right hand a; patient has tried anti inflammatoryatories and physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

n/a; This study is being ordered for a neurological disorder.; 10/2/2017; There has not been any treatment or conservative therapy.; Migraine, numbness and tingling in upper extremities, nausea.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Neck hurts all the time. Right arm is numb and tingling. Was strangled by ex-husband years ago. thinks it could be related.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Right arm numb and tingling and is dropping things; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

neck pain , low back pain down right leg; This study is being ordered for trauma or injury.; 11/24/17; There has been treatment or conservative therapy.; neck pain Low back pain , muscle spasms, tingling on left side.; Muscle relaxer, anti inflammatoryatories, and steroid pack; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
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</tbody>
</table>

numbness; tingling; shoulder pain; hx trauma unspecified; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; can't pick up things and hold on to it; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; oncerning neck pain, it radiates to the left shoulder, left arm, and left hand. Pt states that she initially thought the pain was coming from her shoulder. The pain is characterized as moderate in intensity, severe, and constant. Patient states that t; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; oncerning neck pain, it radiates to the left shoulder, left arm, and left hand. Pt states that she initially thought the pain was coming from her shoulder. The pain is characterized as moderate in intensity, severe, and constant. Patient states that t; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture. 1

ongoing headaches.&amp;x0D; Radiating neck pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. ordered xrays.(normal for both); This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/1/17; There has been treatment or conservative therapy.; right shoulder pain. pain moving to side of neck/head.; Anti inflammatory meds.; Anti inflammatory meds.; muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

pain and numbness; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture. 1

Paresthesia of skin; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; hurts to lift arm, numbness 1

Patient complains of diffuse pain and radiculopathy. C-Spine X-ray shows L5-S1 height loss with osteophyte present. Pt does not appear to have arthritis on x-rays.; This study is being ordered for a neurological disorder.; Pt states symptoms have been wordening over the past year.; There has been treatment or conservative therapy.; Radiating pain and radiculopathy down both bilateral upper extremities as well as lower extremities. Pt does have limited range of motion in upper extremities.; Pt has been taking ibuprofen and tylenol with no pain relief or symptomatic relief; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1
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<thead>
<tr>
<th>General/Family Practice Disapproval</th>
<th>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</th>
<th>Radiology Services Denied Not Medically Necessary</th>
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<tbody>
<tr>
<td>patient has a history of neck pain. An x-ray was done was did show some compression in her cervical vertebrae. However, there was no fracture. She continues to have pain and symptoms of occasional arm numbness and tingling. Given her symptomology as well; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture. 1</td>
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<td>Patient has failed PT. Limited ROM. Left hand radiculopathy. Unsafe driver due to not being able to turn head. Pain for more than 4 months everyday. Patient would greatly benefit from MRI to find out the cause of her pain.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Left hand radiculopathy with weakness. Pain has been going on for 4 months. Cervical x-ray revealed severe joint space loss at C6-C7. Reverse normal lordotic curve. Arthritis changes throughout.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture. 1</td>
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<td>patient has shoulder and neck pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. Patient here for continued neck pain and possible heatstroke. He did get the x-rays we requested on his cervical spine. He notes the neck discomfort persists. He has been using over-the-counter anti-inflammatories for the discomfort. He notes a few days a; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture. 1</td>
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<td>Patient is coming in with neck pain and right shoulder pain issues. Patient has his issues going on for few months now, after an altercation. Patient had x-rays of the cervical spine and right shoulder. X-ray of the neck showed arthritis, and x-ray of the; This is a request for cervical spine MRI; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture. 1</td>
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<td>POSSIBLE PINCHED NERVES; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 YEARS AGO; There has been treatment or conservative therapy.; R/O POSSIBLE PINCED NERVES; FUSSION, PAIN, TINGLING IN ARMS AND LEGS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1</td>
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<td><strong>Previous MRI has shown midlevel canal stenosis, mild at C3-4, mild to moderate at C5-6 and Moderate at C4-5. Moderate bilateral C4-5 foraminal stenosis from degenerative findings may compress the C5 nerve roots.</strong></td>
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<td><strong>This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms; There is weakness; Weakness in both arms; The patient does not have new signs or symptoms of bladder or bowel dysfunction; There is not x-ray evidence of a recent cervical spine fracture.</strong></td>
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<tr>
<td><strong>Previous treatments have failed. Left side of neck slightly swollen. Muscle tenderness in neck. Decreased ROM; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms; There is no weakness or reflex abnormality; The patient does not have new signs or symptoms of bladder or bowel dysfunction; There is not x-ray evidence of a recent cervical spine fracture.</strong></td>
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<td><strong>Previously noted; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms; There is weakness; There are degenerative changes present along C6-C7 in the cervical spine. Pain radiates down the shoulder to the 3rd and 4th digits of the right hand. Grip weakness noted. Patient will continue the Gabapentin as prescribed by Orthopedics. I will start her; The patient does not have new signs or symptoms of bladder or bowel dysfunction; There is not x-ray evidence of a recent cervical spine fracture.</strong></td>
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<td><strong>pt c/o neck pain that radiates down left extremity and caused numbness and tingling; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms; It is not known if there is weakness or reflex abnormality; The patient does not have new signs or symptoms of bladder or bowel dysfunction; It is not known if there is x-ray evidence of a recent cervical spine fracture.</strong></td>
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<td><strong>pt c/o sudden onset of pain in cervical spine. When rotates neck to right visual changes occur, tunnel vision, bilaterally. She also experiences tingling and numbness. Her pain level is moderate; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms; There is no weakness or reflex abnormality; The patient does not have new signs or symptoms of bladder or bowel dysfunction; There is not x-ray evidence of a recent cervical spine fracture.</strong></td>
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<td><strong>Pt fell from ladder on 10/09/17 with resultant pain in neck 9/10, positional increase in discomfort; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms; The patient has NOT had back pain for over 4 weeks.</strong></td>
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<td><strong>Pt had an abnormal x-ray of the cervical spine; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms; There is weakness; Limited exam due to only one view was obtained. Minimal anterior osteophyte at C5 and C6 vertebral bodies with minimal narrowing of C5/C6 intervertebral disc space. There is straightening of normal lordotic curvature, which can be due to patient position; The patient does not have new signs or symptoms of bladder or bowel dysfunction; There is not x-ray evidence of a recent cervical spine fracture.</strong></td>
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pt had recent injury to old area of injury. undocunentd in prev note. Chronic injury noted as well.; This is a request for cervical spine MRI. Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Well nourished, well developed in no acute distress. Mood is normal with appropriate affect. Chest is clear to auscultation without wheezes or ronchi. Heart is regular rate and rhythm without murmurs. Spine curvature is normal without abnormalities. Some; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

pt is having numbness and tingling down L arm; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Pt was seen for another office visit on 11/02/17. Called back on 11/06/17 to let us know she still hasn't has any improvements.; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

pt with neck pain + sharp pain. Patient has done weeks of P.T. Tried/ failed therapy + rad of pain down the left arm for 3 weeks. no inciting event. no fever.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient has radicular neck pain down her left arm with numbness and tingling and weakness hand strength 2/5; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

pt is having radiculopathy to both shoulders along with severe neck pain; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Tenderness noted in posterior neck, bilateral upper extremity numbness.; This is a request for cervical spine MRI; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.
General/Family Practice Disapproval
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

The patient has been seen here before for the same thing. The patient has been prescribed medication for it, but it has not helped.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient is having neck pain and radiculopathy down her right arm and into her fingers. Pt states that her arm goes to sleep.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

General/Family Practice Disapproval
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.

General/Family Practice Disapproval
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; pain

General/Family Practice Disapproval
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.;

General/Family Practice Disapproval
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.;

General/Family Practice Disapproval
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The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.:

General/Family Practice Disapproval
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy.
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<td>This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.</td>
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<td>This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, Infection or abscess; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.; yes, there are documented clinical findings of Multiple sclerosis.</td>
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<td>This is a request for cervical spine MRI; Neurological deficits; &lt;Enter Additional Clinical Information&gt;; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.</td>
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<td>This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.</td>
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<td>This is a request for cervical spine MRI; None of the above; &lt;Enter Additional Clinical Information&gt;; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.</td>
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<td>This is a request for cervical spine MRI; None of the above; Cervical xray with joint space narrowing, anterior osteophytes, loss of lordosis.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.</td>
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<td>This is a request for cervical spine MRI; None of the above; Jennifer S @IP bypass clinicals; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.</td>
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<td>This is a request for cervical spine MRI; None of the above; Patient saw physician on 10/09 stating, &quot;I've had a headache since last night unable to relieve.&quot; Patient was given medication. Admitted to observation via the ER on 10/10/2017 and discharged 10/11/2017. F/U visit on 10/13. Physician refilled mediation and; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.</td>
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</table>
This is a request for cervical spine MRI; None of the above; See Additional Clinical Information; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness.; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.  
1

This is a request for cervical spine MRI; None of the above; UNKNOWN; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.  
2

This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.  
3

This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient had a recent course of supervised physical Therapy.  
4

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.;  
5

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; na  
6

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.;  
7

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; &lt;Enter Additional Clinical Information&gt;  
8

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; BONE SPURS SEEN ON X-RAY, LOSS OF DISC HEIGHT AT C5 C6 AND C6 C7  
9

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; History of Present Illness;&lt;x0d;&lt;x0d; 1. Neck pain &lt;x0d; Onset: 1 month ago. The frequency of pain is constant. The patient describes the pain as shooting and throbbing.&lt;x0d;&lt;x0d; CERVICAL RADICULOPATHY&amp;x0d;&lt;x0d; MEDS:11/13/2017&amp;x0d; GABAPENTIN 300MG CAPSULES&amp;x0d; TAKE 1 CAPSULE BY MOUTH  
10
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This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Radiating pain down left arm. FMG - CERVICAL SPINE X-RAY (72040)&#x0D; Type of Views:3-Views;&#x0D; Alignment/Bone Description:;&#x0D; Loss of normal lordotic curve;&#x0D; Anterior.

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; rule out surgery.
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<td>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
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This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Positive for numbness.

This is a request for cervical spine MRI; There is no evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis; patient had tender lymph node measuring 2.5 X 2cm left posterior cervical chain

This is a request for cervical spine MRI; Trauma or recent injury; &lt;Enter Additional Clinical Information&gt;; It is not known if the patient have new or changing neurological signs or symptoms.

This patient is showing rapidly increasing symptoms with a lot of pain. We needs these MRI's to show what other treatments we may be able to give the patient.; This study is being ordered for a neurological disorder.; 1/1/2009; There has been treatment or conservative therapy.; Lumbar radiculopathy, including numbness and tingling. Patient also has degenerating disc in her neck that is difficult to get through everyday activities.; This patient has tried all NSAID's, home therapy, physical therapy, and muscle relaxers as well as narcotic medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Surgical Oncology or Radiation Oncology

Unknown.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 21, 2017; There has been treatment or conservative therapy.; Neck pain, acute bilateral thoracic pain, and low back pain.; Medication management such as Ibuprofen 800mg and Tizanidine 4mg.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for cervical spine MRI; Trauma or recent injury; ; No, the patient does not have new or changing neurological signs or symptoms.

This patient is showing rapidly increasing symptoms with a lot of pain. We needs these MRI's to show what other treatments we may be able to give the patient.; This study is being ordered for a neurological disorder.; 10/13/2017; There has been treatment or conservative therapy.; decreased ROM to r shoulder and arm, numbness, tingling, neck pain moving down r shoulder and arm; pain meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Unknown.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 21, 2017; There has been treatment or conservative therapy.; Neck pain, acute bilateral thoracic pain, and low back pain.; Medication management such as Ibuprofen 800mg and Tizanidine 4mg.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
unknown; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; decreased grip strength bilaterally, upper extremity radiculopathy; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.  
Unknown; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pt has weakness in arm radiating pain from neck.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.  
unknown; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; There is weakness in arm radiating pain from neck.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.  
unknown; This study is being ordered for a neurological disorder.; 10/20/2017; There has been treatment or conservative therapy.; Pain in mid back up to neck and down arm; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology  
unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10 months ago; There has been treatment or conservative therapy.; Pain; HEP, medications, PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology  
unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/7/2016; There has been treatment or conservative therapy.; Pt has pens and needles, constant pain all day, taking medication, does stretches and exercises w/ no relief.; PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology  
unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; January 1, 2016; There has been treatment or conservative therapy.; Pt has lower back and neck pain, chronic; 6 weeks of PT and medication therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology  
unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; It is not known if the patient is experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits.;

WORSENING CHRONIC CERVICAL AND LUMBAR PAIN WITH RADICULOPATHY TO RIGHT ARM AND LEFT LEG; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; It is not known if the patient is experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits.;

Enter Additional Clinical Information;
There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits.; an abnormality seen on prior study needs a more in-depth look.

There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits.; Patient is having thoracic pain secondary to a fall. He also had an abnormal xray (T7-9).&x0026; Vertebral compression at T7.

This study is being ordered for a neurological disorder.; 11/7/17; There has been treatment or conservative therapy.; pain, dizziness, off balance; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/24/2017; There has been treatment or conservative therapy.; CHRONIC LOW BP WITH SCIATICA radiating to the bil knees; injections , medications ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
General/Family Practice Disapproval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Radiology Services Denied Not Medically Necessary

Enter answer here – or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/12/15; There has been treatment or conservative therapy.; radiculopathy, short breath, pain when moving side to side, medications, Physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MR5, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

1

General/Family Practice Disapproval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Radiology Services Denied Not Medically Necessary

Enter answer here – or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/16/2017; There has not been any treatment or conservative therapy.; muscle spasm, tenderness in back, decreased ROM; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MR5, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

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General/Family Practice Disapproval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Radiology Services Denied Not Medically Necessary

Enter answer here – or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/28/2017; There has been treatment or conservative therapy.; pain radiates into her shoulder to neck, its tingling, it is getting worse the meds are not working the meds give her relief but not fully relief.; meds were given to the pt, heating pad, ibuprofen not helping; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MR5, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

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General/Family Practice Disapproval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Radiology Services Denied Not Medically Necessary

Enter answer here – or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3/2017; There has been treatment or conservative therapy.; numbness in both hands, pain; HEP &amp; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MR5, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

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General/Family Practice Disapproval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Radiology Services Denied Not Medically Necessary

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General/Family Practice Disapproval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

Radiology Services Denied Not Medically Necessary

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/13/2017; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;;

medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;;

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;;

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This study is being ordered for trauma or injury; over a year; There has been treatment or conservative therapy; pain in lower back; pain Management physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is recent evidence of a thoracic spine fracture.

This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

There has been treatment or conservative therapy.; ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; pt has had acute pain and recently diagnosed with scoliosis; There has been treatment or conservative therapy.; ; pt has tried physical therapy and has seen chiropractor; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Pain; Pain Meds, Ice; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

There has not been any treatment or conservative therapy.; balance; vision problems r eye; look for ms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is recent evidence of a thoracic spine fracture.

It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; Severe pain.

It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; none.

Low back pain&
chronic pain&
cauterized&
low back pain&
chronic pain&
chiropactor not helped&
injections not helped&
relief from nerve endings
caucerized&
tenderness on palpation&
pain elicited by motion; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
LUMBAR CERVICAL AND THORACIC PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

- This study is being ordered for trauma or injury.; Disapproval
- 09/30/2016; There has been treatment or conservative therapy.; low back pain radiating to thoracic spine; medications for 1 year, muscle relaxants; Disapproval
- One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

- None; This study is being ordered for trauma or injury.; Disapproval
- 11/10/17; There has been treatment or conservative therapy.; Numbness and Tingling in the scapular area; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

- None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Disapproval
- 9/10/2017; There has been treatment or conservative therapy.; Low BP and Neck Pain and all joints.; MEDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

- None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Disapproval
- Unknown; There has been treatment or conservative therapy.; Pain that starts in neck and radiates to left upper extremity; Medications, Adjustments; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

- Onset of pain and decreased ROM was 3 weeks ago. He has tried to treat with oral medications and rest and the symptoms are worsening.; Disapproval
- 8/24/17; There has been treatment or conservative therapy.; Oral pain relieving medication and rest.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

- Pain is unrelieved with current medications, rest and conservative home treatments.; Disapproval
- Initial date of pain onset - 8/24/17; There has been treatment or conservative therapy.; Severe mid and low back pain; Oral pain relievers and steroids for pain and inflammation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
Patient has pain and swelling; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/04/2017; There has been treatment or conservative therapy.; pain; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Patient has pain and swelling; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Patient has pain and swelling; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Patient is here to f/u on ankylosing spondylitis. She takes Norco, Flexeril po qd, Baclofen po q hs, and Naproxin. Patient denies of any problems. He states that she is needing her Norco and Flexeril refilled. Pt is experiencing numbness in L fingers and ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

The patient does have neurological deficits.; It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; ; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; back pain, numbness and failed PT; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.
The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; ; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; Radiating pain chronic bilateral pain; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know whether the patient is experiencing sensory abnormalities such as numbness or tingling.; Thoracic radiculopathy, BACK PAIN, muscle aches and cramps and arthralgias/joint pain and back pain (dec rom of thoracic and lumbar spine. patient has had 12 weeks of conservative therapy with me-consistent adjustments and medicine with no relief.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Chronic back pain has required injections with no improvement has failed physical therapy and NSAIDS; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Patient having numbness and tingling in lower extremities and sciatica pain.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Patient is experiencing pain and numbness radiating.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.
The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; back pain, shoulder pain, and chest and axilla pain; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.

Radiology Services Denied
Not Medically Necessary

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; PATIENT IS HAVE SOME VERY SEVERE BACK PAIN.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.

Radiology Services Denied
Not Medically Necessary

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; thoracic pain with radiculopathy; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

Radiology Services Denied
Not Medically Necessary

The patient does not have any neurological deficits.; It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known if there has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.

Radiology Services Denied
Not Medically Necessary

The patient does not have any neurological deficits.; It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.

Radiology Services Denied
Not Medically Necessary

The patient does not have any neurological deficits.; It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient does not have any neurological deficits.; It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient does not have any neurological deficits.; It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient does not have any neurological deficits.; It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient does not have any neurological deficits.; It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient does not have any neurological deficits.; It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.;

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The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known how many follow-up thoracic spine MRIs the patient has had.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The Chief Complaint is: Pt was here Tuesday, having same issue swelling and pain coming around to front, received shot, muscle relaxers didn't help, seen @ NEA ER BP was 169/96 in extreme pain w/ labored breathing.

The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.;

The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to trauma or acute injury within 72 hours.;

The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.;

This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.

This is a request for a thoracic spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; There has been a recurrence of symptoms following surgery.; The surgery was less than 6 months ago.; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.

This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; Patient became wheelchair bound in 2015, the cause was unexplained. She states that her legs became very weak and she has had to use a wheelchair for mobility since then. She denies ever having a thoracic MRI. Ordering to rule out suspected SCI.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.
This is a request for a thoracic spine MRI.; The study is being ordered due to Neur...; The patient is experiencing or presenting symptoms of bowel or bladder dysfunction.

This is a request for a thoracic spine MRI.; The study is being ordered due to Neur...; The patient is experiencing or presenting symptoms of recent fracture on previous imaging studies.

This patient is experiencing pain in the back with radiculopathy that is not controlled with medications or injections and needs to be evaluated for possible surgery.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

This patient needs an MRI of her t-spine; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient has bilateral leg weakness and strength. Patient is very weak and is very ill appearing; patient went to the ER on 11/13/17 and has not improved any since that visit.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.

This pt's pain has been going on from april 2017 with out relief from meds, home therapy.; This study is being ordered for trauma or injury.; according to our new charting system this patient has been having issue that start back in april of 2017; There has been treatment or conservative therapy.; sharp pain in his back on a scale of 5-7/10 on the pain scale; this pt was order some home therapy and nsaid as well as pain medication for pain control in april 2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Unknown.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 21,2017; There has been treatment or conservative therapy.; Neck pain, acute bilateral thoracic pain, and low back pain.; Medication management such as Ibuprofen 800mg and Tizanidine 4mg.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Unknown; This study is being ordered for a neurological disorder.; 10/20/2017; There has been treatment or conservative therapy.; Pain in mid back up to neck and down arm; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10 years; There has not been any treatment or conservative therapy.; knot on the right side of lower back, back pain, numbness, tingling on left. Cyst felt on right side on exam.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2016; There has been treatment or conservative therapy.; Back pain, numbness and tingling in legs at times, difficulty lifting, difficulty standing or sitting for long periods of time; Supervised at home physical therapy, NSAIDs, muscle relaxers, decreased activity level; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Unknown; This study is being ordered for trauma or injury.; Around 11/13/17; There has been treatment or conservative therapy.; Back pain, slipped, thought she pulled a muscle on her back, x rays, t10 compression fracture; Hydrocodone, muscle relaxers.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

We have treated this pt with pain medication, anti inflammatory and still relief from anything that we have tried on her; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; upon xray we found a compression fx and some abnormal curvature in her back.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.
General/Family Practice Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.

General/Family Practice Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.

General/Family Practice Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

General/Family Practice Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.
<table>
<thead>
<tr>
<th>General/Family Practice</th>
<th>Disapproval</th>
<th>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</th>
<th>Radiology Services Denied</th>
<th>Not Medically Necessary</th>
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<td></td>
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<td>The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; painful, weak, numbness and tingling; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</td>
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<td>The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; known; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</td>
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<td>The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness and pain when bending over. Leg (left) numbness and weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</td>
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<td>The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in left leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</td>
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</table>
General/Family Practice Disapproval
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not known if the patient has seen the doctor more then once for these symptoms. 1

General/Family Practice Disapproval
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms. 2

General/Family Practice Disapproval
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient has none of the above.; This procedure is being requested for Trauma or recent injury 1

General/Family Practice Disapproval
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; The patient has none of the above.; This procedure is being requested for None of the above 28
<table>
<thead>
<tr>
<th>Date</th>
<th>Symptoms/Conservative Therapy</th>
<th>Previous Treatments</th>
<th>Additional Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/06/2016</td>
<td>Patient has low back pain w/right side sciatica, having headaches w/no relief and dizziness, nausea., PT, Medications.</td>
<td>There has been treatment or conservative therapy.</td>
<td>One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>11/20/2017</td>
<td>Patient has low back pain w/right side sciatica, having headaches w/no relief and dizziness, nausea., PT, Medications.</td>
<td>There has been treatment or conservative therapy.</td>
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<td>11/30/2017</td>
<td>Patient has low back pain w/right side sciatica, having headaches w/no relief and dizziness, nausea., PT, Medications.</td>
<td>There has been treatment or conservative therapy.</td>
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<td>11/7/2017</td>
<td>Patient has low back pain w/right side sciatica, having headaches w/no relief and dizziness, nausea., PT, Medications.</td>
<td>There has been treatment or conservative therapy.</td>
<td>One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<tr>
<td>7/31/2017</td>
<td>Patient has low back pain w/right side sciatica, having headaches w/no relief and dizziness, nausea., PT, Medications.</td>
<td>There has been treatment or conservative therapy.</td>
<td>One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<tr>
<td>8/24/2017</td>
<td>Patient has low back pain w/right side sciatica, having headaches w/no relief and dizziness, nausea., PT, Medications.</td>
<td>There has been treatment or conservative therapy.</td>
<td>One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>&lt;Enter answer here - or Type In Unknown If No Info Given.&gt;; This study is being ordered for Inflammatory/Infectious Disease.; 09/28/2017; There has been treatment or conservative therapy.; Decreased mobility. Tenderness. Pain and swelling.; R/O Dvt with ultra sound, Pain medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology;</td>
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&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

1

General/Family Practice
Disapproval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Radiology Services Denied
Not Medically Necessary

Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

1

General/Family Practice
Disapproval

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<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Specialty</th>
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<tr>
<td>3/2017</td>
<td>This study is being ordered for something other than: known trauma or injury, metabolic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.</td>
<td>Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>6/10/2015</td>
<td>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.</td>
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<td>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.</td>
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<td>9/29/2017</td>
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<td>MARCH 2017*</td>
<td>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.</td>
<td>Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>FAX; STEM CELL INJECTION* RX* OTC* ICE/HEAT*</td>
<td>One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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This study is being ordered for trauma or injury.; 10/26/17; There has not been any treatment or conservative therapy.; back and neck pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for trauma or injury.; 2010; There has been treatment or conservative therapy.; chronic back pain; injections w/t no relief; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for trauma or injury.; 9/5/2017; There has been treatment or conservative therapy.; &lt;Describe primary symptoms here - or Type In Unknown if No Info Given &gt;; &lt;Describe treatment / conservative therapy here - or Type In Unknown if No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for trauma or injury.; over a year; There has been treatment or conservative therapy.; pain in lower back; pain Management physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for trauma or injury.; 8/1/17; There has been treatment or conservative therapy.; neck and back pain; ortho rehab for therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for trauma or injury.; 9/5/2017; There has been treatment or conservative therapy.; &lt;Describe primary symptoms here - or Type In Unknown if No Info Given &gt;; &lt;Describe treatment / conservative therapy here - or Type In Unknown if No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

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The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more than once for these symptoms.
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The study requested is a Lumbar Spine MRI. Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms; There is weakness; patient is having back pain for many years that has been getting worse. says it's a stabbing pain in her spine radiates downward into the buttocks. has numbness and tingling in the legs and weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI. Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms; There is weakness; unable to stand long numbness down legs activities hindered because of pain unable to sit long; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI. Acute or Chronic back pain; The patient has had back pain for over 4 weeks.; It is not known if the patient has seen the doctor more than once for these symptoms.

The study requested is a Lumbar Spine MRI. Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more than once for these symptoms.

The study requested is a Lumbar Spine MRI. Acute or Chronic back pain; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.

The study requested is a Lumbar Spine MRI. Acute or Chronic back pain; The patient has had back pain for over 4 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did not include exercise, prescription medication and follow-up office visits.

The study requested is a Lumbar Spine MRI. Acute or Chronic back pain; The patient has had back pain for over 4 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known was medications were used in treatment.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.
Radiology Services Denied
Not Medically Necessary

; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;

; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; from sept 15/2017 - today didn't help; Tramadol, hydrocodone

; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; 11/10/2017 – Kenalog 40mg/ml sup injection

; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;

; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;
The study requested is a Lumbar Spine MRI. Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks; The patient has seen the doctor more than once for these symptoms; The physician has directed conservative treatment for the past 6 weeks; The patient has not completed 6 weeks of physical therapy; The patient has been treated with medication; The patient was treated with oral analgesics; The patient has not completed 6 weeks or more of Chiropractic care; The physician has directed a home exercise program for at least 6 weeks; The home treatment did include exercise, prescription medication and follow-up office visits; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks; The patient has seen the doctor more than once for these symptoms; The physician has directed conservative treatment for the past 6 weeks; The patient has not completed 6 weeks of physical therapy; The patient has been treated with medication; The patient was treated with oral analgesics; The patient has not completed 6 weeks or more of Chiropractic care; The physician has directed a home exercise program for at least 6 weeks; The home treatment did include exercise, prescription medication and follow-up office visits; Exercises to strengthen lumbar spine. 

; The study requested is a Lumbar Spine MRI; It is unknown if the patient has acute or chronic back pain; This procedure is being requested for None of the above 

; The study requested is a Lumbar Spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms; There is reflex abnormality; The patient does not have new signs or symptoms of bladder or bowel dysfunction; The patient does not have a new foot drop; It is not known if there is x-ray evidence of a lumbar recent fracture; Brachioradialis reflexes are 1+ right side & 2+ left side. Achilles reflexes are 2+ right side and 2+ left side. Negative straight leg lift. 

; The study requested is a Lumbar Spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms; There is weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction; The patient does not have a new foot drop; There is not x-ray evidence of a recent lumbar fracture.
### General/Family Practice Disapproval

<table>
<thead>
<tr>
<th>Code</th>
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<tbody>
<tr>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary; The study requested is a Lumbar Spine MRI.; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Numbness &amp; tingling in extremities; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</td>
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<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above.</td>
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<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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<td>Radiology Services Denied</td>
<td>Not Medically Necessary; This study is being ordered for a neurological disorder.; 9/3/2017; There has been treatment or conservative therapy.; Pt has pain. Tingling sensations in the back; Pt has been taking meds and physical rehab; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Radiology Services Denied

Not Medically Necessary

4 weeks conservative therapy with no improvement; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

4-weeks duration back pain, not improved with conservative therapy; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

53 y.o. female with hx of low BP and HR, and feels tired all the time, all labs are normal except her Vit D, low, will &x003D; supplement, and refer to cardiologist, since she has strong FHx of heard ds of the same low BP and HR. Pt is not &x003D; a marathon runner, no; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Abnormal CT which showed a bulging disc; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

abnormal ROM; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; abnormal ROM; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x‐ray evidence of a recent lumbar fracture.

abnormal x-ray; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.

abnormal xray; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; left lower extremity.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x‐ray evidence of a recent lumbar fracture.

acute sciatica. xray would not be sufficient, mri needed. Patient also has bilat foot neuropathy, weakness in bilat legs.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Assessment&x003D;&x003D; Low back pain with radiation to right leg&x003D;&x003D; Hematuria&x003D;&x003D; History of kidney stones&x003D;&x003D; We will get a CBC CMP a UA and a culture today we will also order an at MRI of the lower spine and a CT with stone protocol of abdomen and pelvis. It is ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient is a 55 year female that is here today lower back. States pain is significant enough it is entered the ER this morning but the ER told her she needed to see PCP. Patient was just seen last week a urinary tract infection and was placed on Keflex.; There has been treatment or conservative therapy.; EXTREME LOWER BACK PAIN, STATES THAT THE PAIN RADIATES DOWN HER RIGHT LEG, SAYS THAT SHE WENT TO THE ER THIS AM WAS TOLD TO SEE PCP FOR MRI , SAYS THAT SHE WAS TOLD THEY COULD NOT DO ANYTHING FOR HER BUT GIVE HER A PAIN SHOT, SAYS THAT SHE WAS JUST SEEN I; Patient has multiple visits.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
General/Family Practice Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary Attaching clinicians. Thank you! The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above back pain that radiates down right leg, has pins and needles sensation, tingling, having trouble walking, putting pressure on right foot makes back worse. has tried heating pad, icy hot, Tylenol, muscle relaxers with no relief, hurts worse when sitting or; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above back pain with sciatica.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Back pain, numbness to hand; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/17/17; There has been treatment or conservative therapy.; Muscle tension, numbness to left hand, lower back tenderness.; Medicine, and home exercise with heat; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Back pain, numbness to hand; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/17/2017; There has been treatment or conservative therapy.; Muscle tension, numbness to left hand, lower back tenderness.; Medicine, and home exercise with heat.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Back pain: Patient has arthritis issues in her back, and is on tramadol p.r.n. Patient needs refills on it. No issues with the medication. Pt. has back pain going down the right leg. Pt. had x-ray which was neg, she went for PT for one session, but she co.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Back Pain: Care Instructions material was printed.; TrAMADOL Hydrochloride&Rx; methocarbamol&Rx; Robaxin&Rx; naproxen

Back Pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above
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<th>General/Family Practice</th>
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<th>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</th>
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<td>bilateral leg numbness and weakness - PT ordered also to see if patient can complete; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</td>
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<td>burning in legs and feet - inside of legs, Lumbosacral radiculopathy, neuropathy. The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.</td>
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<td>carotid ultrasound shows plaque less that 50%. Aortiliac plaque. having chest heaviness and dyspnea; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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<td>Chronic back pain w/ stiffness and muscle spasms. History of disc degeneration. Palpation of lumbar spine revealed abnormalities. exhibited muscle spasms and pain was elicited by motion.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.</td>
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<td>Chronic back pain, radiating sciatica pain for 2 months; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</td>
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<td>chronic back pain, x-ray shows severe scoliotic and degenerative changes with canal narrowing; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</td>
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<td>chronic low back pain getting worse; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.</td>
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<td>chronic low back pain w/ bilat radiculopathy. pt has tried heat, NSAIDs, rest w/no relief; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.</td>
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<td>chronic lumbar back pain with radiculopathy; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</td>
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<td>chronic pain going on for a couple of years; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2016; There has been treatment or conservative therapy.; chronic neck pain and low back pain; Ortho and Pain Management; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>chronic pain radiating to left left; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above Constitutional: mva 1 month ago and no injury but when he got out of the truck he fell out due to steps taken out in mva and after several days developed it hip pain in area of sciatic and at end of day has pain into l4 to knee and has had some cram; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has none of the above.; This procedure is being requested for Trauma or recent injury</td>
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<td>CONTINUOUS BACK PAIN; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.</td>
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<td>degenerative changes in previous surgical fusion; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</td>
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<td>despite years of conservative therapy patient is still experiencing pain numbness, tingling. patient has been referred to Neurosurgeon.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; instructions for back exercises, zanaflex, tramadol, Neurontin and Relafen.</td>
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<td>Does not have full range of motion of neck; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/18/2017; There has been treatment or conservative therapy.; Low back pain, neck pain, swelling; Medication management and chiropractic treatment.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>Dorsalgia and other chronic pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above due to injury; This study is being ordered for trauma or injury; 09/30/2017; There has been treatment or conservative therapy.; pain; Pain Meds, Ice; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>Dx with back pain; reason for visit: Pain. This is a chronic problem, with essentially constant pain. Patient states that she would like to have a scoliosis test done. States that not only does she have back pain but she can feel that her rib cage is un; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.</td>
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<td>Dx with back pain; reason for visit: Pain. This is a chronic problem, with essentially constant pain. Patient states that she would like to have a scoliosis test done. States that not only does she have back pain but she can feel that her rib cage is un; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.</td>
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<td>Dx with back pain; reason for visit: Pain. This is a chronic problem, with essentially constant pain. Patient states that she would like to have a scoliosis test done. States that not only does she have back pain but she can feel that her rib cage is un; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.</td>
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<td>Dx with back pain; reason for visit: Pain. This is a chronic problem, with essentially constant pain. Patient states that she would like to have a scoliosis test done. States that not only does she have back pain but she can feel that her rib cage is un; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.</td>
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Further evaluation of new findings on exam. Determine cause of radiculopathy; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

given steroids, muscle relaxers, and anti inflammatory with no relief; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Has a history of a slipped disc may be worse recently; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient has none of the above 1

Increased back pain after stepping off a ladder. Straight leg raise positive on left.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

HAS DONE MEDROL DOSE PACK, FLEXERIL, MOBIC AND PREDNISONE, STARTED 09/19/2017 TO PRESENT. WAITING ON OLD RECORDS TO COME FROM ANOTHER PHYSICIAN. LOW BACK PAIN, 3. musculoskeletal pain & RxDO; Onset: 25 years ago. It occurs intermittently and is worsening. Location; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Here today for recheck. She has stopped taking all of her medications except her BP meds. BP looks good today and she reports she has been compliant with meds. States she continues to have occasional headaches, present on and off for years. No worse. Stat; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

In regard to the low back pain, reason for visit: This is a follow-up visit. Her symptoms of a recent lumbar fracture. 1

In regard to the low back pain, reason for visit: This is a follow-up visit. Her symptoms are stable since last visit. This is a chronic problem, with essentially constant pain. 1

Increased back pain after stepping off a ladder. Straight leg raise positive on left.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Increasing back and neck pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Osteopenia found on x rays. Neck pain and back pain. Initially treated in 9/2016.; It is not known if there has been any treatment or conservative therapy.; Back and neck pain. Osteopenia found on bone density in 2016.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1
Increasing symptoms with weakness and tingling in lower extremities; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Has Herniated disc at L4-L5; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Knee pain/ back pain for 6yrs; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Riducopathy; There has been treatment or conservative therapy.; back/right knee pain; &lt; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT A Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Leg weakness, tingling down to knees.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

LOW BACK PAIN RADIATED DOWN LEG AND SOMETIMES UP INTO BACK.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; LOW BACK PAIN RADIATED DOWN LEG AND SOMETIMES UP INTO BACK; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Low back pain radiating to lower extremities. Has been on for over one year. Starting to interfere w/ADLs. C/o of numbness and tingling in his leg and legs.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Naproxen 112mg; meloxicam 15mg

Low back pain with radiculopathy and weakness; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

low back pain&amp;#x0D; chronic pain&amp;#x0D; chiropractor not helped&amp;#x0D; physical therapy not helped&amp;#x0D; injections not helped&amp;#x0D; no relief from nerve endings cauterized&amp;#x0D; tenderness on palpation&amp;#x0D; pain elicited by motion; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Low back pain, chronic pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Low back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above
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<td>Lower back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</td>
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<td>LUMBAR BACK PAIN WITH RADICULOPATHY. BENT OVER TO PICK UP CHILD AND STRAINED LOWER LEG. PAIN GETS WORSE AS DAYS GO BY AND PAIN IS SHOOTING DOWN RIGHT LEG.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</td>
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<td>LUMBAR CERVICAL AND THORACIC PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. most recent xray from may 2016 shows slight scoliosis and arthritis.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain.; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</td>
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<td>Ms. GATES presents with low back pain. Reason for visit: Pain. The discomfort is most prominent in the upper lumbar spine. She characterizes it as constant, moderate in intensity, and aching. The pain level between 1 and 10 is a 3. This is a chronic.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</td>
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<td>mva on 07/06/2017. having pain since the accident with no relief. pain extends down both arms and numbness down left arm. develops numbness to left upper thigh as well. pain is worse to lower back and between her shoulder blades. weakness to right hand a; This study is being ordered for trauma or injury; 07/06/2017; There has been treatment or conservative therapy.; mva on 07/06/2017. having pain since the accident with no relief. pain extends down both arms and numbness down left arm. develops numbness to left upper thigh as well. pain is worse to lower back and between her shoulder blades. weakness to right hand a; patient has tried anti inflammatories and physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>n.a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; October 26 2017; There has been treatment or conservative therapy.; low back pain radiating to thoracic spine; medications for 1 year, muscle relaxants; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>na; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; October 26 2017; There has been treatment or conservative therapy.; back pain with right sided sciatica.Degenerative disc and joint disease from L3 through S1 with grade 1 L&amp;h0D; anterolisthesis of L4 relative to L5 as a result.; Nsads, steroids, physician directed exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Radiology Services Denied
Not Medically Necessary

Neck pain, low back pain down right leg; This study is being ordered for trauma or injury; 11/24/17; There has been treatment or conservative therapy; Neck pain Low back pain, muscle spasms, tingling on left side; Muscle relaxer, anti inflammatory, and steroid pack; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MOs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Nerve ablation to the spermatic cord; The study requested is a Lumbar Spine MRI; The patient does NOT have acute or chronic back pain; This procedure is being requested for None of the above

New onset back pain that radiates down both legs. X ray revealed Grade 1 anterolisthesis of L5 on S2. Degenerative disk disease and posterior facet arthropathy at L4-L5 and L5-S1. MRI recommended for further eval; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms; There is weakness; Bilateral lower extremity weakness while standing or walking; The patient does not have new signs or symptoms of bladder or bowel dysfunction; The patient does not have a new foot drop; There is not x-ray evidence of a recent lumbar fracture

Radiology Services Denied
Not Medically Necessary

Acute or Chronic back pain; The patient has none of the above

Neurological deficits; The patient does have new or changing neurologic signs or symptoms; There is weakness; decrease mobility; The patient does not have new signs or symptoms of bladder or bowel dysfunction; The patient does not have a new foot drop; There is not x-ray evidence of a recent lumbar fracture

None; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms; There is weakness; decrease mobility; The patient does not have new signs or symptoms of bladder or bowel dysfunction; The patient does not have a new foot drop; There is not x-ray evidence of a recent lumbar fracture

None; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms; There is weakness; decrease mobility; The patient does not have new signs or symptoms of bladder or bowel dysfunction; The patient does not have a new foot drop; There is not x-ray evidence of a recent lumbar fracture

None; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms; There is weakness; decrease mobility; The patient does not have new signs or symptoms of bladder or bowel dysfunction; The patient does not have a new foot drop; There is not x-ray evidence of a recent lumbar fracture
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<td>pain is the low back without radiation; Inspection - Normal; Lumbar; *; Muscle tone lower extremity: lower extremity muscle tone is normal. Muscle tone paraspinal: paraspinal muscle tone is normal. Tenderness: lumbosacral. Motion/stability: motion is with pain. The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; The patient has none of the above</td>
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<td>pain in right hip, taking pain medication, only makes the pain tolerable, pain is worse at night. Pain in low back and legs. Hx of osteoporosis. Is a candidate for steroid injection; The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; The patient has none of the above</td>
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<td>pain is unrelieved with current medications, rest and conservative home treatments; This study is being ordered for trauma or injury; Initial date of pain onset - 8/24/17; There has been treatment or conservative therapy; Severe mid and low back pain; Oral pain relievers and steroids for pain and inflammation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>Pain that radiates to the left hip and thigh. Pain is not relieved by meds. She has had physical therapy; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms; There is weakness; reflex abnormality; The patient does not have new signs or symptoms of bladder or bowel dysfunction; The patient does not have a new foot drop; There is not x-ray evidence of a recent lumbar fracture.</td>
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<td>Pain, numbness, tingling, and weakness; The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain.; The patient has none of the above; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 1/04/2017; There has been treatment or conservative therapy; pain; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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Patient complains of low back pain. Reason for visit: This is a follow-up visit. Her symptoms are worse since last visit. This is a chronic problem, with essentially constant pain. She states that the current episode of pain started years ago. Patient; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Patient had a abnormal mri which indicated stenosis in the lumbar region from a extrusion of the disc.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Patient had a hard fall/injury at work; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Tramadol

Patient had MRI of lumbar spine in 2016 that showed multiple degenerative disc. Pain has worsened since then and now radiates down bilateral legs.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient has weakness in bilateral legs at times.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Patient had MRI of lumbar spine oct 2012; showed right sided paracentral disk herniation at LS-sf level; showed mild disk bolding at l3 and l4 and moderate disk bolding at l4 and l5; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; radiation down to the right knee; latoraly; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Patient had PT; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.

Patient had MRI of the lumbar spine in 2014, which showed arthritis at L4/L5 with nerve impingement. Pt. had seen Dr. Blankenship and Dr. McCarthy and Dr. Seale and Dr. Brad Thoma; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above
Patient has been having low back pain since 5/14/2016 and radiologist recommends MRI; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.  

Patient has completed conservative treatment with no improvement pain worsening with difficulty getting out of bed and ambulating pain radiating down right leg into right foot and heel; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; difficulty getting up out of bed to stand worse in right leg and foot pain worsened over the past 3 days physical therapy over the past 12 weeks with no improvement steroid injections with no improvement; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.  

Patient has continued back pain, radiates into right hip. Her last MRI was 8/29/16 and the findings will be sent via fax. Patient reports her pain has worsened and has occasional numbness and tingling into right leg; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above  

Patient has had back pain for several years. Treated with oral steroids on 09/21/17. Patient states that steroids did not help and back pain is worse.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above  

Patient has had lower back pain for several months. Has tried steroids with no relief. Also x-ray shows no fracture.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above  

Patient has had back pain for several years. Has tried steroids with no relief. Also x-ray shows no fracture.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above  

Patient has had ongoing back pain. He has had an abnormal lumbar spine xray. Steroids have not helped; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.  

Patient has low back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above  

Patient has pain and swelling.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Patient has pain and swelling; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

PATIENT HAS PROGRESSIVELY WORSENING BILATERAL LEG PAIN AND WEAKNESS, STIFFNESS AND RADICULOPATHY. THE PAIN IS SHARP STABBING CONSTANT PAIN. PATIENT ALSO HAS HAD AN LUMBAR SPINE XRAY THAT SHOWED ABNORMAL STRAIGHTENING AND L4/L5 ABNORMALITY. PATIENT HAS TR;

The study requested is a Lumbar Spine MRI.;

The patient does have new or changing neurologic signs or symptoms.; There is weakness.; BILATERAL LOWER EXTREMITY WEAKNESS.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The patient has tried and failed physical therapy for lower back pain, patient still complains of severe low back pain that radiates down left leg to left knee with numbness and tingling. Patient has taken prednisone along with anti-inflammatory for pain. PATIENT HAS HAVING INTENSE PAIN IN LOWER BACK - BROTHER PUSHER HER DOWN AND SHE WENT TO ER - GOT PAIN PILLS AND HELPED SLIGHTLY. OVER THE PAST 3 WEEKS PAIN IS NOT GETTING ANY BETTER; PATIENT HAS HAVING CHRONIC LOW BACK PAIN THAT IS UNBEARABLE.;

The patient does not have new or changing neurologic signs or symptoms.; There is weakness.; weakness on patient left leg, patient reports leg pain, numbness and tingling, also with weakness to area.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Patient having chronic low back pain.;

The patient has acute or chronic back pain.;

The patient has none of the above.

Patient hurt his back while moving furniture last week and the pain radiates from his lower back to his hip. He was given some steroid injection, NSAIDs and muscle relaxer with no improvement.;

The patient does not have a new foot drop.;

The patient has acute or chronic back pain.;

The patient has none of the above.

The patient is complaining of chronic low back pain that is unbearable.;

The study requested is a Lumbar Spine MRI.;

The patient has acute or chronic back pain.;

The patient has none of the above.
Patient is here to f/u on ankylosing spondylitis. She takes Norco, Flexeril po qd, Baclofen po q hs, and Naproxin. Patient denies of any problems. He states that she is needing her Norco and Flexeril refilled. PT is experiencing numbness in L fingers and ;

One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Patient is in constant pain while sitting and standing needs needs further evaluation since ot meds and PT at home is not working; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient is having continued pain with sitting an standing. back has been hurting for about 6 wks with no resolve; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Patient may need to have surgery for different injection sights. We are going off of his MRI from 2014.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient has had epidural injections recently, patient was working out in the yard this weekend and has had worse weakness and increased back pain.

Patient has 10/10 pain scale.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Patient pain is radiating down to lower extremity. Reports tingling. Left lower extremity weakness. Gait is altered. Patient has decreased ROM and has been seen by chiropractor/physical therapy without improvement. Chiropractor completed xray.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Left lower extremity weakness/tingling; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Patient reports a burning pain in left leg and into foot started about 2 months ago. He reports a history of back surgery but reports his back is not hurting. Requesting MRI of back, it has been a long time since last MRI.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This procedure is being requested for None of the above

Patient seen in clinic on 11/29/17 with back pain radiating down leg. He stated that he was pushing a car uphill the day before. He returned to clinic on 12/04/17 with no improvement. Xray showed "no fracture or acute bony abnormality.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Patient states history of bulging lumbar disk and has surgery twice with Dr Decastro.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Patient states it is going into her legs. she is having increased falls causing other injuries.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Patient is experiencing numbness in L fingers and; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
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<td>patient was in a mva on 09/27/2017. patient has back pain with shooting pain down left leg; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above 1</td>
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<td>patient went to physical therapy who recommended therapy 3xs a week for four weeks. Patient has completed this along with taking prednisone, hydrocodone and TYLENOL for 6 weeks.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks. 1</td>
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<td>Patients is persistently complaining of chronic low back pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above 1</td>
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<td>Patient’s knee pain has NOT subsided with any treatment and her numbness and tingling in her back has gotten worse due to her inability to walk correctly due to this knee injury.; This study is being ordered for trauma or injury.; 02/02/2017; There has been treatment or conservative therapy.; Pain radiating from the back into the legs as well as weakness in the legs. Patient also has pain on her left knee from a fall injury.; Patient has tried physical therapy, home therapy as well as NSAID’s and narcotic medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1</td>
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<td>patients last MRI was done 3/25/2016. shows multiple bulging discs. pt will need a more current MRI study prior to appt scheduling with a Neurosurgeon.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; back exercises with instructions given to the patient, along with instruction to alternate heat and ice along with massage, rest and drug therapy of Gabapentin, ibuprofen, Mobic, and Relafen. 1</td>
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physical therapy and steroids along with nsaids have not helped with patients lower back pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient having weakness in bilateral lower extremities. can’t walk without assistance of cane; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

possible for back pain; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness and numbness in the left lower extremity; has a sensory deficit ; abnormal gate; altered sensation noted on the lateral of lower extremity ; tingling of left lower extremity; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

POSSIBLE PINCHED NERVES; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 YEARS AGO; There has been treatment or conservative therapy.; R/O POSSIBLE PINCED NERVES; FUSION, PAIN, TINGLING IN ARMS AND LEGS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

pt c/o low back pain, radicular right low back pain, goes in to right hip. otc meds not helping, stretching exercises do not help.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above.
Pt has back pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.  
Pt has been c/o LBP since May and is now having LLE pains. The most recent lumbar xray was negative and MRI was suggested if symptoms have persisted.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above  
Pt has been on diclofenac for last 3 months and does c/o pain most days with burning to right lateral thigh. continues to have pain in hands at times. Lumbar spine xray shows degenerative disc narrowing L5-s1 otherwise normal. Straight leg raising test p; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.  
Pt presents for follow up on back pain, has been the White River ER for back pain complaints. Has been on diclofenac and flexeril for 3 months. Pain got better initially but is now much worse than before. Pt reports xrays and CT of back at ER were normal.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above  
Pt states his back still hurts and never got any better. Pain is worse with sitting. No pain with standing. Has been seeing chiropractor with no relief. States diclofenac has not been helping.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above  
PT was in MVA 1 year ago, he was ejected from car. has had back pain and tingling in legs since then.; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.  
PT SEE 9/26/17 FOR CHRONIC LOW BACK PAIN. HAS HISTORY OF DDD. HAD XRAY 7/8/15 THAT SHOWED MILD SPONDYLYTIC CHANGE OF LOWER THROACIC AND UPPER LUMBAR SPINE, MILD DISC SPACE LOSS AT L1-L2. HAS TAKEN NSAIDS THAT ARE NOT HELPING.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above  
PT WENT TO ER DUE TO BACK PAIN AND WAS ADVISED TO GET A MRI.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above
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<td>Pt with back pain; right leg pain and dysesthesia not responsive to po meds/rest.</td>
<td>Xray showed some loss of lordotic curve. Radiologist suggested correlation with MRI to determine underlying disc herniation deformity.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above Radiculopathy, low back pain, L sciatica; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness on the L side from back to his neck; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</td>
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<td>Same as last box; This study is being ordered for a neurological disorder.; Patient is having low back pain with radiculopathy and also migraines with visual changes.; There has not been any treatment or conservative therapy.; Low back pain radiating into leg and migraines with visual changes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology scoliosis.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; leg weakness in both legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</td>
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<tr>
<td>General/Family Practice</td>
<td>Disapproval</td>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
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<td>See Attached Files; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</td>
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<td>See other boxes of explanations.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient states that his legs buckle when walking at times.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</td>
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<td>Severe back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</td>
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<td>Severe LBP with radiculopathy of LE; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above severe low back pain, radicular pain low right side; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</td>
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<td>Severe sciatica and reported muscle wasting - pt treated with PT and two steroid injections over last 5 weeks - still taking NSAIDS and Flexeril - can hardly walk for any distance - XR indicates moderate arthritic changes and oseophytes - MRI needed to ev; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</td>
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sharp pain radiating down to buttocks, PT; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

She can't stand long, has pain with ADLs and her children have to help her. She has increasing pain and weakness in the left leg. Lumbar spine is tender at L5, S1. DTRs +2 achilles, not elicited in the patella.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.

She has chronic pain in her low back; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above specialist requested tests; This study is being ordered for Congenital Anomaly.; patient is scheduled for surgery. Surgeon requested studies; There has been treatment or conservative therapy.; discuss surgical options &rarr; Low back pain noted. The location is primarily in the lower lumbar spine. The pain radiates to the perineum, left posterior thigh, and left calf. He characterizes it as constant. &rarr; Discuss kidney function test; Therapy, medication and now requires surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Tenderness on palpation of the back and muscle spasm of the back.&amp;rarr; The lumbar/lumbosacral spine exhibited tenderness on palpation, muscle spasms, did not demonstrate full range of motion, showed pain elicited by motion, and static tests were performed.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; other medications as listed.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; patient instructed on home stretching exercises, has been taking muscle relaxers and NSAIDS for more than 6 weeks with no improvement of symptoms.; the patient has a normal xray and has went to physical therapy with no relief. the pain is getting worse; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above
The patient has history of chronic low back pain, ex. bulging disc and degenerative disc disease. Patient was seen on 10/26/17 for low back pain, patient states she has been lifting heavy objects more lately. Patient was prescribed steroid pack and anti-; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; 1

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop. 2

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain.; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop. 1

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain.; The patient does not have new or changing neurologic signs or symptoms.; 2

The patient has completed 6 weeks of physical therapy? 1

The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have a new foot drop. 1

The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits 1

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection 10

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality 6

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s) 9

this is the second visit since june for chronic back pain. the patient states that he has severe low back pain radiating down his right leg, the patient is having trouble sitting or standing because of the pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above This patient is being ordered the MRI of the Lumbar spine due to rapidly progressing radiculopathy and the MRI of the Left Knee is being ordered due to the patient already having osteoarthritis and then having a knee injury that had made her pain worse; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. 1

This patient is experiencing pain in the back with radiculopathy that is not controlled with medications or injections and needs to be evaluated for possible surgery.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. 1
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<tr>
<th>General/Family Practice</th>
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<td>This patient is showing rapidly increasing symptoms with a lot of pain. We need these MRI's to show what other treatments we may be able to give the patient.; This study is being ordered for a neurological disorder.; 1/1/2009; There has been treatment or conservative therapy.; Lumbar radiculopathy, including numbness and tingling. Patient also has degenerating disc in her neck that is difficult to get through everyday activities.; This patient has tried all NSAID’s, home therapy, physical therapy, and muscle relaxers as well as narcotic medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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<td>this pt has been having back for awhile now and we have xray her back and given meds but this still bothers her all the time; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</td>
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<td>this pt's pain has been going on from april 2017 with out relief from meds, home therapy.; This study is being ordered for trauma or injury.; according to our new charting system this patient has been having issue that start back in april of 2017; There has been treatment or conservative therapy.; sharp pain in his back on a scale of 5-7/10 on the pain scale; this pt was order some home therapy and nsaid as well as pain medication for pain control in april 2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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<td>unable to undress self at bed time; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; neck pain and scoliosis has had pain management with no help; There has been treatment or conservative therapy.; mbr has pain in neck and back 100 % dysfunction of left leg and neck pain 10 in the morning and headache with vision issues lighting bolt pain in leg and foot left shower is unable to do without help; pain management and medication for pain and PT and; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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<td>unknown.; The study requested is a Lumbar Spine MRI.; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.</td>
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Unknown.; The study requested is a Lumbar Spine MRI.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Pt. was instructed to use moist heat and took anti inflammatory, steroid dose pack and muscle relaxers without any improvement for 6 wks.; Medrol Dose Pack, Cyclobenzaprine 10 mg, Naproxen 500 mg

Unknown.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; July 21, 2017; There has been treatment or conservative therapy.; Neck pain, acute bilateral thoracic pain, and low back pain.; Medication management such as Ibuprofen 800mg and Tizanidine 4mg.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Unknown.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain.; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain.; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Unknown.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain.; The patient does have new or changing neurologic signs or symptoms.; The patient has been falling due to weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

UNKNOWN; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain.; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy.; It is not known if the patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.
unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.

Unknown; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above

Unknown; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness and numbness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Unknown; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in legs with ambulation; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Unknown; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10 years; There has not been any treatment or conservative therapy.; knot on the right side of lower back, back pain, numbness, tingling on left side. Cyst felt on right side on exam.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2016; There has been treatment or conservative therapy.; Back pain, numbness and tingling in legs at times, difficulty lifting, difficulty standing or sitting for long periods of time; Supervised at home physical therapy, NSAIDs, muscle relaxers, decreased activity level; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/7/2016; Pt has pens and needles, constant pain all day, taking medication, does stretches and exercises w/ no relief.; PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
General/Family Practice
Disapproval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Radiology Services Denied

Not Medically Necessary

unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; January 1, 2016; There has been treatment or conservative therapy.; Pt has lower back and neck pain, chronic; 6 weeks of PT and medication therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Radiology Services Denied

Not Medically Necessary

Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient did not give specific date of onset. Complains of pain happening for "years"; It is not known if there has been any treatment or conservative therapy.; Pain in Low back and hips with decreased ROM. History of OA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Radiology Services Denied

Not Medically Necessary

unknown; This study is being ordered for trauma or injury.; Around 11/13/17; There has been treatment or conservative therapy.; Back pain, slipped, thought she pulled a muscle on her back, x rays, t10 compression fracture; Hydrocodone, muscle relaxers.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Radiology Services Denied

Not Medically Necessary

Was seen in the ER on 11/13/2017 with fall

Fell again on 12/1/2017, and was in the bathroom, was going in to brush his teeth and felt dizzy. Last thing he remembered was his mother standing over him wiping up blood. Patient states that his ex-wife told h; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Radiology Services Denied

Not Medically Necessary

uploaded documents.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above.
| 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST | Radiology Services Denied | Not Medically Necessary | WORSENING CHRONIC CERVICAL AND LUMBAR PAIN WITH RADICULOPATHY TO RIGHT ARM AND LEFT LEG; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. Worsening pain, made worse by PT.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks. |
| 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST | Radiology Services Denied | Not Medically Necessary | X RAY NEGATIVE, CONSERVATIVE THERAPY FAILED (NSAIDS AND STRETCHING); The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks. |
| 72192 CT PELVIS WITHOUT CONTRAST | Radiology Services Denied | Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. &lt; Enter answer here - Type In Unknown If No Info Given. &gt;: This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;: This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/31/2017; There has been treatment or conservative therapy.; Pain in buttocks and pain in back; OTC meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology. |
| 72196 MRI PELVIS | Radiology Services Denied | Not Medically Necessary | Enter answer here - or Type In Unknown If No Info Given. &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;: This is a request for a Pelvis MRI.; The request is not for any of the listed indications.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/2013; There has been treatment or conservative therapy.; Patient has lost 53lbs without trying, has not had any diet changes or exercise; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;: This is a request for a Pelvis MRI.; The request is not for any of the listed indications. |
<Enter answer here - or Type In Unknown If No Info Given.>; This study is being ordered for Inflammatory/Infectious Disease.; 4/5/2017; There has been treatment or conservative therapy.; pelvic pain, groin pain, hip pain; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

&It; Enter answer here - or Type In Unknown If No Info Given.;&It; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &It; Enter date of initial onset here - or Type In Unknown If No Info Given.; It is not known if there has been any treatment or conservative therapy.; pelvic pain, back pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

CT ABDOMEN WITHOUT CONTRAST PERFORMED ON 10/19/2017 THAT SHOWED THERE IS A SOFT TISSUE NODULE ANTERIOR TO THE LEFT KIDNEY MEASURING 18 MM THAT APPEARS TO BE A NODULE ON THE LATERAL INFERIOR TIP OF THE LEFT ADRENAL GLAND. IT APPEAS TOO REMOTE TO BE AN ACCE; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Chronic left hip pain.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Patient had a fall from bicycle approx. 6 weeks ago. Pain and clicking in RT hip joint. Xrays normal. Has had 6 weeks of medication management.; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.

Patient has had a abnormal x-ray in the past.; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.

Patient is having low back pain going down both legs - she has had 2 spinal injections with no relief; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.
Patient stated his hip pain is now moving across his back and shooting down the back of the leg on the right side. Patient stated the left side is not much better. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Patient unable to sleep at night, severe pain when walking. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5 years ago.; There has been treatment or conservative therapy.; Back pain, not able to sleep at night, severe pain when walking.; physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Pre-op eval for Trigger point injection; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/5/2017; There has been treatment or conservative therapy.; DX Arthritis of knees, C/O M46.07, M12.30; Injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

pt has to physically lift her right leg to move she has numbness from her knee down; This study is being ordered for Inflammatory/ Infectious Disease.; 12/8/2016; There has been treatment or conservative therapy.; pt has increased pain, tingling in her right lower extremity, she is unable to lift her right leg; Rest, medication, steroid, Ice; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

pt w/chronic back pain; abd pain; muscle cramps; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

pt has chronic back pain and numbness from her knee down; This study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastastic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.;

This study is being ordered for trauma or injury.; pt injured her neck and shoulder in 2014.; There has been treatment or conservative therapy.; pain in her neck that radiates down to her hand and shoulder; pt started PT this month and this doesent seem to be helping, she has been giving or told to take ibuprofen OTC; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.;

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;
This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT.

No, this is a request for CT Angiography of the upper extremity. ; This study is being ordered for a neurological disorder.; September 1, 2017; There has been treatment or conservative therapy.; right arm pain with flexion, abduction and palpation. pain with active over head raise and active adduction 3 out of 5 strength on right arm as compared to left.; nsaids, muscle relaxers, steroid shot; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Suspected bicep tear with possible injury to right shoulder.; This study is being ordered for trauma or injury.; 10/01/2017; There has been treatment or conservative therapy.; Patient has decrease mobility and severe pain to right arm. He has ecchymosis from bicep to forearm; Patient has been on anti-inflammatory and has been in sling. He has been using ice and heat.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.

Unknown; This study is being ordered for a neurological disorder.; 9/5/2017; There has been treatment or conservative therapy.; Compression neuropathy involving the median ulna and radial nerve and neurologist suggested the MRI; HEP, anti-inflammatory, steroids and seen neurologist, nerve conduction study; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Tramadol; The patient received medication other than joint injection(s) or oral analgesics.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.
General/Family Practice Disapproval 73221 MRI JOINT OF UPPER EXTREMITY Radiology Services Denied Not Medically Necessary &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.; The request is for shoulder pain.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear. 1

General/Family Practice Disapproval 73221 MRI JOINT OF UPPER EXTREMITY Radiology Services Denied Not Medically Necessary &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear. 2

General/Family Practice Disapproval 73221 MRI JOINT OF UPPER EXTREMITY Radiology Services Denied Not Medically Necessary &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6 weeks. 1

General/Family Practice Disapproval 73221 MRI JOINT OF UPPER EXTREMITY Radiology Services Denied Not Medically Necessary &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain. 1

General/Family Practice Disapproval 73221 MRI JOINT OF UPPER EXTREMITY Radiology Services Denied Not Medically Necessary &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 7/2017; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; Medication and Physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

General/Family Practice Disapproval 73221 MRI JOINT OF UPPER EXTREMITY Radiology Services Denied Not Medically Necessary &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

General/Family Practice Disapproval 73221 MRI JOINT OF UPPER EXTREMITY Radiology Services Denied Not Medically Necessary &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1
General/Family Practice Disapproval

73221 MRI JOINT OF UPPER EXTREMITY

Radiology Services Denied

Not Medically Necessary

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease. It is not known if there has been any treatment or conservative therapy. Left shoulder and left hand pain. Motorcycle accident. Medication taken. Neck pain, chest pain and shortness of brain. Sequela. One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

1

General/Family Practice Disapproval

73221 MRI JOINT OF UPPER EXTREMITY

Radiology Services Denied

Not Medically Necessary

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease. There has been treatment or conservative therapy. Right and Left arm pain. Xray was performed. One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

2

General/Family Practice Disapproval

73221 MRI JOINT OF UPPER EXTREMITY

Radiology Services Denied

Not Medically Necessary

The requested study is a Shoulder MRI. The request is for shoulder pain. It is not known if the physician has directed conservative treatment for the past 6 weeks.

1

General/Family Practice Disapproval

73221 MRI JOINT OF UPPER EXTREMITY

Radiology Services Denied

Not Medically Necessary

The requested study is a Shoulder MRI. The request is for shoulder pain. The physician has directed conservative treatment for the past 6 weeks. The patient has completed 6 weeks of physical therapy? The patient has been treated with medication. The patient has not completed 6 weeks of more of Chiropractic care. It is not known if the physician has directed a home exercise program for at least 6 weeks. The patient received oral analgesics.

1

General/Family Practice Disapproval

73221 MRI JOINT OF UPPER EXTREMITY

Radiology Services Denied

Not Medically Necessary

The requested study is a Shoulder MRI. The patient has completed 6 weeks of physical therapy? The patient has been treated with medication. The patient has not completed 6 weeks of more of Chiropractic care. The physician has directed a home exercise program for at least 6 weeks. The home treatment did include exercise, prescription medication and follow-up office visits. It is not known what type of medication the patient received.

1

General/Family Practice Disapproval

73221 MRI JOINT OF UPPER EXTREMITY

Radiology Services Denied

Not Medically Necessary

The requested study is a Shoulder MRI. The pain is from a recent injury. Surgery or arthroscopy is not scheduled in the next 4 weeks. The request is for shoulder pain. There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.

1
General/Family Practice

73221 MRI JOINT OF UPPER EXTREMITY

Radiology Services Denied
Not Medically Necessary

This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; pt has pain in neck left shoulder that radiates down to elbow with numbness in fingers 2-5. pain is 6/10 most of the time and sometimes 10/10; Patient has used otc and prescription pain meds. Has tried exercises at home; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

September 1, 2017; There has been treatment or conservative therapy.; right arm pain with flexion, abduction and palpation. pain with active over head raise and active adduction 3 out of 5 strength on right arm as compared to left.; nsaids, muscle relaxers, steroid shot.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

2 months for pain muscle tightness left sided stiffness of the neck motor vehicle accident in 2000 he think is causing the pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

2 months for pain muscle tightness left sided stiffness of the neck motor vehicle accident in 2000 he think is causing the pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Dx with shoulder pain; she complains of left shoulder pain. The location of the pain is deep. It does not radiate. The pain initially started 2 months ago. The apparent precipitating event was working out. She describes it as moderate in severity, in; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The request is for shoulder pain.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury, or labral tear.
fell 10/13/17 injuring wrist, went to ED, xray was normal, wrist splint placed, did not get better, came to office on 10/27/17, wrist is swollen, very tender, xrayed again and still normal. I suspect scaphoid fracture; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.

The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; home exercise; duration of treatment unknown, the patient is still having pain; The patient received oral analgesics.

Pain in unspecified shoulder; This study is being ordered for trauma or injury.; 11/15/2017; There has been treatment or conservative therapy.; Pain in unspecified shoulder; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

pain radiating down arm; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; right wrist 2 months.; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

pain worse with movement and abduction - radiates down arms - degenerative joint disease noted in XR 8/7/17 - pain not improved with RICE therapy and steroid injection - MRI needed for ortho referral; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.
PAIN; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; IBUPROPHEN; The patient received medication other than joint injections(s) or oral analgesics.

Patient experiencing increased, debilitating pain in left shoulder due to rotator cuff tear. Need MRI to refer to orthopedist.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.

Patient fell and landed on shoulder 3 weeks ago, she's had an injection, anti-inflammatory meds, and decrease in range of motion.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.

Patient fell over a week ago and braced his fall with arm and heard a popping sound. He has had pain and decreased range of motion.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.

Patient has shoulder and neck pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Patient has significant history of prior cervical surgery due to disc rupture. He has had discectomy. At this time he does not have any weakness in his hand or paresthesias. This could be likely bursitis. Discussed with the patient and I have explained to; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.

Patient has torn rotator cuff in the past and never had surgery. She is having lots of pain now and very limited ROM.; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks. Patient has tried medicine and exercise, which has not helped. He still has painful ROM.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Patient is still having pain after trials of oral medicine and at home exercise. He is having painful ROM has failed other treatment.; The patient received oral analgesics.

patient is taking medication, abnormal xray; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks. Patient was seen in clinic on 12/07/17 complaining of right shoulder pain; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.
POSSIBLE ROTATOR CUFF INJURY OR TEAR; This study is being ordered for trauma or injury.; Additionally, he presents with history of shoulder pain. He complains of right shoulder pain. The location of the pain is inferior. It radiates to the arm. The pain initially started 5 months ago. There was no obvious precipitating injury. He describes there has been treatment or conservative therapy.; PAIN IN BILATERAL SHOULDERS, RIGHT IS WORSE, PAIN RADIATES TO ARMS.; PT HAS HAD ANTIINFLAMMATORY MEDICATIONS, STEROID DOSE PACK, HOME EXERCISE.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

PT FELL IN AUGUST AND HAS CONTINUED PAIN OF SHOULDER.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.

Pt has had chronic pain 3-4 years no prior imaging.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Pain has gotten worse; Naproxen; The patient received medication other than joint injections(s) or oral analgesics.

Pt presented at the beginning of September with c/o left shoulder pain and decreased ROM. He has since failed conservative therapy. He has worsening symptoms and now has no ability to lift his arm to full flexion or abduction. Concern for Rotator Cuff Tear; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.

Right shoulder; weakness, tingling, catching/locking, popping/clicking; buckling; instability; radiation down arm; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.

Requesting a arthrogram Left Shoulder w/MRI w/contrast - results of left shoulder xray:&lt;\#x0D;&lt;\#x0D;IMPRESSSION: Mild degenerative arthritis of both AC joints. There is &lt;\#x0D;irregularity of the greater tuberosity on the right suggestive of &lt;\#x0D;rotator cuff pathology. Bo; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
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<th>General/Family Practice</th>
<th>Disapproval</th>
<th>73221 MRI JOINT OF UPPER EXTREMITY</th>
<th>Radiology Services Denied Not Medically Necessary</th>
<th>See previous clinical info; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</th>
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<td>She complains of decreased and painful range of motion despite PT. She had episode of swelling and arm felt cold and turned red to LUE hours after physical therapy while at work not associated with any lifting just walking around with arm hanging at side.;</td>
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<td>The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.</td>
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<td>Suspect a tear.; This study is being ordered for trauma or injury.; 10/31/2017; There has been treatment or conservative therapy.; Left shoulder pain with decreased ROM; Physical Therapy consult with pain and muscle spasm medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>Suspected bicep tear with possible injury to right shoulder.; This study is being ordered for trauma or injury.; 10/01/2017; There has been treatment or conservative therapy.; Patient has decrease mobility and severe pain to right arm. He has ecchymosis from bicep to forearm; Patient has been on anti- inflammatory and has been in sling. He has been using ice and heat.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>The patient is having left shoulder pain with radiculopathy. The patient is c/o trouble lifting her left arm.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendion, ligament, rotator cuff injury or labral tear.</td>
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<td>The requested study is a Shoulder MRI.; &quot;The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.&quot;;</td>
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<td>The requested study is a Shoulder MRI.; &quot;The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.&quot;; &lt;Enter answer here - or Type In Unknown If No Info Given. &gt;</td>
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<td>The requested study is a Shoulder MRI.; &quot;The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.&quot;; Dr has concern about possible torn rotator cuff injury due to severity of pain and location upon exam. Unable to abduct &gt;90 degrees laterally either actively or passively due to pain. Decreased range of motion to Rt shoulder due to pain.</td>
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<td>The requested study is a Shoulder MRI.; &quot;The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.&quot;; pain in right shoulder and decreased ROM.</td>
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<tr>
<td>General/Family Practice</td>
<td>Disapproval</td>
<td>73221 MRI JOIN OF UPPER EXTREMITY</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
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The requested study is a Shoulder MRI; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Patient has a previous history of rotator cuff tear and new onset of pain.

The requested study is a Shoulder MRI; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Patient has been having pain in right shoulder with Paresthesia, decreased ROM and Pain with Flexion and abduction and extension.

The requested study is a Shoulder MRI; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Patient presents with right shoulder pain and states that it has been hurting for past 5 months, we have no clinical records of that time frame.

The requested study is a Shoulder MRI; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; pt has suspected shoulder impingement that may require surgical intervention. denies trauma.

The requested study is a Shoulder MRI; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; shoulder joint dislocation with decreased range of motion, tenderness and pain. Swelling up back of shoulder to left side of neck.

The requested study is a Shoulder MRI; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Symptomatic; Right shoulder: She exhibits decreased range of motion, pain and decreased strength. Arm pain: Location: Shoulder, Shoulder location: R shoulder, Pain details: Quality: Aching, Radiates to: Does not radiate, Severity: Moderate, Onset q.

The requested study is a Shoulder MRI; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; trauma, deep constant throbbing pain that is moderate for 7 days, weakness and swelling.

The requested study is a Shoulder MRI; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.

The requested study is a Shoulder MRI; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Left shoulder pain "like a charlie horse", not constant but lingers for a long time; rash on both sides of neck above collar bones for 2 weeks.

1
| General/Family Practice | Disapproval | 73221 MRI JOINT OF UPPER EXTREMIT Y | Radiology Services Denied | Not Medically Necessary | The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; muscular shoulder pain, located near shoulder blade.

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; PT states she has had the pain for the past year off and on. PT states it has become progressively worst. PT states 2 months ago she went to the ER and had a steriod injection and steriod pack and that helped for a little while but then the symptoms came.

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; right shoulder pain with numbness in rue - history of cva - Physical therapy will not work with shoulder due to pain -.

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; rt shoulder pain that he has limited rom as well as pain He has had this off and on for months and has had increased pain over last few weeks.

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; see attached.

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Shoulder impingement post clavicular fracture.

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; There are no documented findings of crepitus.; There are no documented findings of swelling.; The ordering physician is not an orthopedist.; The patient is NOT experiencing joint locking or instability.; The patient does not have a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Additionally, she presents with history of shoulder pain. She complains of right shoulder pain. The location of the pain is deep. The pain initially started 4 months ago. There was no obvious precipitating injury. She describes it as moderate in seve.

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; left shoulder pain.

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; There are no documented findings of crepitus.; There are no documented findings of swelling.; The ordering physician is not an orthopedist.; The patient is NOT experiencing joint locking or instability.; The patient does not have a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; left shoulder pain.

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; There are no documented findings of crepitus.; There are no documented findings of swelling.; The ordering physician is not an orthopedist.; The patient is NOT experiencing joint locking or instability.; The patient does not have a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; left shoulder pain.

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; There are no documented findings of crepitus.; There are no documented findings of swelling.; The ordering physician is not an orthopedist.; The patient is NOT experiencing joint locking or instability.; The patient does not have a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; left shoulder pain. |
The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Musculoskeletal
Shoulder Right - Range of motion decreased, Movements painful, Abduction restricted, Abduction painful, Internal rotation painful and External rotation painful, No restriction in adduction, No restriction in internal rotation, No restric
The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; PAIN AFTER FALLING DOWN STAIRS. DECREASED MOBILITY, DIFFICULTY SLEEPING, NOCTURNAL AWAKENING
The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Patient has experience "popping of joint in his right shoulder. Been going on for 4 months with no relief.
The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Patient has frozen left shoulder with no ROM abduction and decreased ROM with flexion and extension
The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Patient has left shoulder pain that is now interfering with her daily activities, work duties and sleep.
The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; PATIENT IS HAVING BAD SHOULDER PAIN THAT IS PROGRESSIVELY GETTING WORSE EACH DAY
The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Patient states she's been having some sharp pain in his left shoulder which occasionally radiates down his left arm. He states the pain comes and goes. May last as long as 5 minutes. Is not exertional
The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Pt is unable to move her arm more then 90 degrees w/ out feeling pain
The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; SHOULDER PAIN TAKING MEDS WITH NO RELIEF SHE HAS HAD WEAKNESS WITH RANGE OF MOTION DOC SUSPECTING ROTATOR CUFF TEAR , LIMITED RANGE OF MOTION DOC GAVE PT MEDS TOLD HER TO CONTINUE TAKING MEDS AND INSECTS AND TO REST THE BODY PART PUT ICE ON THE BODY PART AN
The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; tenderness (right anterior shoulder pain with adduction, pronation, and extension. full ROM
The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient is NOT experiencing joint locking or instability.; The patient has a documented limited range of motion on physical examination.
The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; PHYSICAL EXAMINATION: Examination is equivocal for rotator cuff tear. He is weak to supraspinatus testing but external rotation is pretty good. He is nontender over the acromioclavicular joint as well as the biceps tendon. &  Xu; Pt has had persistent sho

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.
<table>
<thead>
<tr>
<th>General/Family Practice</th>
<th>Disapproval</th>
<th>73221 MRI JOINT OF UPPER EXTREMITY</th>
<th>Radiology Services Denied</th>
<th>Not Medically Necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>This is a request for an upper extremity joint MRI; The patient does not have documented weakness or partial loss of feeling in the upper extremity; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks; The patient does not have an abnormal plain film study of the joint; The patient has not been treated with and failed a course of four weeks of supervised physical therapy; The patient does not have a documented limitation of their range of motion; The patient has experienced pain for greater than six weeks; The patient has been treated with anti-inflammatory medication in conjunction with this complaint; This study is being ordered by an operating surgeon for pre-operative planning.</strong></td>
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<td>1</td>
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</tr>
<tr>
<td><strong>This is a request for an upper extremity joint MRI; The patient does not have documented weakness or partial loss of feeling in the upper extremity; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks; The patient does not have an abnormal plain film study of the joint; The patient has not been treated with and failed a course of four weeks of supervised physical therapy; The patient does not have a documented limitation of their range of motion; The patient has experienced pain for greater than six weeks; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint; This study is being ordered for a neurological disorder; 10/13/2017; There has been treatment or conservative therapy; decreased ROM to r shoulder and arm, numbness, tingling, neck pain moving down r shoulder and arm; pain meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology unknown; The requested study is a Shoulder MRI; The pain is described as chronic; The request is for shoulder pain; The physician has not directed conservative treatment for the past 6 weeks.</strong></td>
<td>2</td>
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<tr>
<td><strong>Unknown; The requested study is a Shoulder MRI; The pain is not from a recent injury, old injury, chronic pain or a mass; The request is for shoulder pain.</strong></td>
<td>1</td>
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<tr>
<td><strong>Unknown; This study is being ordered for a neurological disorder; 9/5/2017; There has been treatment or conservative therapy; Compression neuropathy involving the median ulna and radial nerve and neurologist suggested the MRI; HEP, anti inflammatory, steroids and seen neurologist, nerve conduction study; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</strong></td>
<td>1</td>
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</tr>
<tr>
<td>General/Family Practice</td>
<td>Disapproval</td>
<td>73221 MRI JOINT OF UPPER EXTREMITY</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>Unknown; This study is being ordered for trauma or injury.; 08/21/2017; There has been treatment or conservative therapy.; Chronic pain (rated 10 out of 10), knot in shoulder and armpit.; Physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology X-ray shows acromioclavicular malalignment with appearance of age indeterminant acromioclavicular separation.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscope is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.</td>
</tr>
<tr>
<td>General/Family Practice</td>
<td>Disapproval</td>
<td>73225 MRA, MRI ANGIOGRAPHY UPPER EXTREMITY WITH/WITHOUT CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given.&gt;; This is a request for an upper extremity MR Angiography. PATIENT HAS BEEN USING COMPREHENSIVE PAIN MANAGEMENT OPTIONS SUCH AS INJECTIONS, AND IS ONLY EXPERIENCING MINIMAL PAIN RELIEF. PATIENT HAS BEEN ON TRAMADOL, TRAZADONE, AND CELEBREX GREATER THAN SIX WEEKS, AND THE PATIENT IS NOT FINDING RELIEF FROM ORAL THE; Is this a request for one of the following? MR Angiogram Upper Extremity</td>
</tr>
<tr>
<td>General/Family Practice</td>
<td>Disapproval</td>
<td>73225 MRA, MRI ANGIOGRAPHY UPPER EXTREMITY WITH/WITHOUT CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given.&gt;; This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>General/Family Practice</td>
<td>Disapproval</td>
<td>73700 CT LEG OR LOWER EXTREMITY</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given.&gt;; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>General/Family Practice</td>
<td>Disapproval</td>
<td>73700 CT LEG OR LOWER EXTREMITY</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given.&gt;; This is a request for a Hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; &quot;There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.&quot;; There is a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthrosis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT</td>
</tr>
</tbody>
</table>
Radiology Services Denied
Not Medically Necessary

Yes, this is a request for CT Angiography of the lower extremity.

"There is a history (within the last six weeks) of significant trauma, dislocation, or injury to the ankle; There is a history of new onset of severe pain in the ankle within the last two weeks; There is not a suspected tarsal coalition.; Noted +1 edema b/l to ankles and radiating up to mid shin, left ankle worse than right;&amp;#x0D; TTP in achilles tendons but with ROM intact;&amp;#x0D; She states she just bought new running shoes and went walking in them at Craighead park for a few miles on Thursday. She ; This is a request for a bilateral ankle MRI.

The patient has not had a recent bone scan.; This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal xrays at least 3 weeks apart that did not show a fracture.

This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; There is no suspected meniscus, pre-op or post-op evaluation, non-acute Chronic Pain, suspected tumor or Aseptic Necrosis; There is no symptom of locking, Instability, Swelling, Redness, Limited range of motion or pain.

The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.

The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.

The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; patient had been doing home treatment for a couple months with no relief; pain medications; The patient received medication other than joint injections(s) or oral analgesics.
This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

This study is being ordered for a neurological disorder.; 7/31/17; There has been treatment or conservative therapy.; buckling of knees, severe lower back pain radiating down legs; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for Neurological Disease.; 09/28/2017; There has been treatment or conservative therapy.; Decreased mobility. Tenderness. Pain and swelling.; R/O Dvt with ultra sound, Pain medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; It is not known if there has been any treatment or conservative therapy.; It is not known if there has been any treatment or conservative therapy.; It is not known if there has been any treatment or conservative therapy.; It is not known if there has been any treatment or conservative therapy.; It is not known if there has been any treatment or conservative therapy.; It is not known if there has been any treatment or conservative therapy.; It is not known if there has been any treatment or conservative therapy.; It is not known if there has been any treatment or conservative therapy.; It is not known if there has been any treatment or conservative therapy.; It is not known if there has been any treatment or conservative therapy.; It is not known if there has been any treatment or conservative therapy.; It is not known if there has been any treatment or conservative therapy.; Abnormal x ray, mild scoliosis, mild degenerative changes, chronic pain, stiffness, painful to bear weight; pain medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 months ago; There has been treatment or conservative therapy.; abnormal x ray, mild scoliosis, mild degenerative changes, chronic pain, stiffness, painful to bear weight; pain medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for trauma or injury.; 06/09/2017; There has been treatment or conservative therapy.; foot and ankle pain; exercises , boot , pain meds and anti inflammatory medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for trauma or injury.; 10/08/2016; There has been treatment or conservative therapy.; joint pain and muscle pain; PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
General/Family Practice

Disapproval

73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT

Radiology Services Denied

Not Medically Necessary

8/28/2017; There has been treatment or conservative therapy.; throbbing sharp pain numbness tingling weakness locking popping/clicking; xray pt meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

9/15/17; There has been treatment or conservative therapy.; burning, throbbing, sharp pain, swelling, tingling, unstable; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

3/8/17; There has been treatment or conservative therapy.; burning, sharp, deep worsening weakness, numbness, swelling, tingling; Medication, had abi of L foot; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain.

This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.

This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

This study is being ordered for trauma or injury.; 09/27; There has been treatment or conservative therapy.; pain; cannot raise arm; throbbing sharp pain; ankle swelling; pt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Age 15- jumped off roof and injured left ankle. Played soccer as child and had multiple injuries. In his 20's he did a lot of running and had multiple injuries. Basketball injury in mid 20's when he had severe sprain. Has had recent conservative treatment; This is a request for an Ankle MRI.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury. 1

Given Naproxen x 10 days, pain has not improved. Patient has rest, ice, and elevated as well.; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.; No, the member do not experience a painful popping, snapping, or giving away of the knee.

Has rt knee pain for years and last year mri showed a torn menicus; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 6 weeks. 1

Given Naproxen x 10 days, pain has not improved. Patient has rest, ice, and elevated as well.; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.; No, the member do not experience a painful popping, snapping, or giving away of the knee.

Continuing pain in left knee.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks. 1

Continuing pain in left knee.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks. 1

Has rt knee pain for years and last year mri showed a torn menicus; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 6 weeks. 1

Given Naproxen x 10 days, pain has not improved. Patient has rest, ice, and elevated as well.; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.; No, the member do not experience a painful popping, snapping, or giving away of the knee.

Has rt knee pain for years and last year mri showed a torn menicus; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 6 weeks. 1

Continuing pain in left knee.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks. 1

Continuing pain in left knee.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks. 1

Given Naproxen x 10 days, pain has not improved. Patient has rest, ice, and elevated as well.; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.; No, the member do not experience a painful popping, snapping, or giving away of the knee.

Has rt knee pain for years and last year mri showed a torn menicus; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 6 weeks. 1

Given Naproxen x 10 days, pain has not improved. Patient has rest, ice, and elevated as well.; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.; No, the member do not experience a painful popping, snapping, or giving away of the knee.

Has rt knee pain for years and last year mri showed a torn menicus; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 6 weeks. 1
having pain in right knee for 6 weeks. Examination right knee-mild effustion or erythema, not ecchymosis present; alignment normal; palpation lateral joint line tenderness present; wounds no surgical wounds are appreciated; ROM full flexion and extension; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury, old injury, chronic pain or a mass.

Knee keeps popping in/out; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

Knee pain Right knee xray shows significant degenerative changes. Pt has an ACL repair in past. Knee gives out on him for no reason causing him to fall; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Ibuprofen 800mg 1 tab every 8 hrs started on 09/05/2017; The patient received medication other than joint injections(s) or oral analgesics.

Knee pain/ back pain for 6yrs; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Ridicopathy; There has been treatment or conservative therapy.; back/right knee pain; Describe treatment/ conservative therapy here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

LEFT KNEE PAIN, PATIENT STATES HAS GONE TO PT 4 DIFFERENT TIMES, BUT STILL HAVING LEFT KNEE PAIN, tenderness of the medial joint line; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 6 weeks. Location: right knee., Duration: 2 days., Timing: constant., Intensity: 10 on a scale of 10., Quality: sharp, aching, throbbing., Symptom(s) Began: suddenly after falling at work yesterday about 4 feet and patient reports his leg buckled under him., Sympto; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

MRIs are to be done to determine treatment path.; This study is being ordered for Inflammatory/ Infectious Disease.; Unknown.&amp;#x0D; Months-years; There has been treatment or conservative therapy.; Patient has chronic/bilateral knee pain and stiffness that does not improve with NSAIDs.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
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<th>General/Family Practice</th>
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<td>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td>none; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days</td>
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<td>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td>none; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; completed 6 weeks of home exercises with no improvement.; The patient received oral analgesics.</td>
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<td>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td>Normal knee x-ray.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.</td>
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<td>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td>Patient complaining of right knee pain for the last 2 days, continuous pressure, worse with stairs and supine. Swelling mild at times. Locking and catching occasionally giving way sensation occasionally. Injury fell 4 months ago down steps, only hurt at t; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.</td>
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<td>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td>Patient complains of foot pain. Today's visit is for evaluation of the left foot. The location of the discomfort is primarily the dorsal surface. The pain does not radiate. The pain initially began 7 days ago. No precipitating event or injury is iden; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain.</td>
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Patient had a normal x-ray.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Patient was given a packet of different types of stretches that will help strengthen her knee. After six weeks there was no improvement.; Meloxicam 7.5mg; The patient received medication other than joint injection(s) or oral analgesics.

Patient had ACL repair 12/2009. Patient twisted knee and heard pop and now is having issue bearing weight and the knee is giving away. Knee has moderate tenderness along lateral aspect and varus stress increases the pain.; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days

Patient has had a tender mass on left foot.; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.

PATIENT HAS BEEN EXPERIENCING PAIN THAT HAS BEEN GETTING WORSE OVER THE COURSE OF A MONTH. NOTHING IS SEEMING TO HELP. HE IS LOSING RANGE OF MOTION AND AN MRI IS NEEDED TO DIAGNOSE AND TREAT; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.

Patient has had recent trauma and injury to left knee and left ankle. during examination the left knee and ankle are noticeable swollen and painful when rotating patient cannot bear weight on left leg; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Patient has knee pain that has been going on for 3 weeks with no relief. No injury occurred just started hurting. Pain is rated a 9/10; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.

PATIENT HAS KNEE PAIN THAT HAS LASTED 10 DAYS WITHOUT IMPROVEMENT. PATIENT WAS STANDING IN THE KITCHEN AND WHEN SHE TURNED HER KNEE POPPED AND SHE HAS HAD KNEE PAIN SINCE; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

Patient has left knee pain x 2 weeks and swelling; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.
patient has right knee pain; This is a request for a Knee MRI; The study is requested for knee pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 6 weeks.

Patient is not able to walk, patient is a previous orthopedic patient (has had knee surgery on both knees in the recent past). Patient is needing imaging to evaluate the damage done by the accident.; This study is being ordered for trauma or injury.; 11-22-17; There has been treatment or conservative therapy.; Right and left knee joint line tenderness, swelling, instability in both knee joints, patient is guarding her knees (using crutches); Rest, Pain medication, crutches. Non-weight bearing.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Patient presents with left knee pain. Pain worsening over last 3 months. Knee pops, and has limited to no mobility. Has done stretching, rest, ice, and NSAIDS for pain.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass. Patient to be evaluated for knee pain. The affected area is the right knee. This is a follow-up visit for knee pain. For follow up: Her symptoms are stable since last visit. The injury occurred 5 days ago. No associated symptoms are reported. Patien; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

Patient’s knee pain has NOT subsided with any treatment and her numbness and tingling in her back has gotten worse due to her inability to walk correctly due to this knee injury.; This study is being ordered for trauma or injury.; 02/02/2017; There has been treatment or conservative therapy.; Pain radiating from the back into the legs as well as weakness in the legs. Patient also has pain on her left knee from a fall injury.; Patient has tried physical therapy, home therapy as well as NSAID’s and narcotic medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Possible soft tissue mass above knee; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass. Possible tears, horse fell on pt; This study is being ordered for trauma or injury.; 9/13/17; There has been treatment or conservative therapy.; numbness, swelling and pain to the leg; immobilization, pain medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Pt had surgery on other knee, chronic knee problems.; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.; Yes, the member experience a painful popping, snapping, or giving away of the knee. Pt has had previous surgery; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.
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<td>Pt states she was riding with a friend when their headlight went off and due to it being dark did not see a ditch and ran right into it. Pt was not wearing a helmet. Pt states she flew from the motorcycle and fell into the ditch. Pt went to the ED on 10/2; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; It is not known if there is a suspected meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray. recent fall, 11/28/2017; rt. knee with mild swelling; limited ROM due to the pain; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks. request was made after last OV.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; home treatment documentation April 12, 2017- home exercise, no stairs, take medication as prescribed and follow OV in two weeks pain worsened. perceived two more weeks of medication, rest, for progressively worse, during OV BP elevated (per pt. due to pai; Mobic, Lorcet 7.5; The patient received medication other than joint injections(s) or oral analgesics. right ankle pain, swelling and tenderness over the last several months. Pain w/ weight bearing. This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; It is not known if there is a suspicion of tendon or ligament injury. right knee pain and right hip pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. Right knee pain, aching, dull, sharp, and throbbing, gets worse with movement, walking or standing. Decreased mobility; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 6 weeks. Right knee to evaluate for torn meniscus.; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.; It is not known if the member experience a painful popping, snapping, or giving away of the knee. swelling hurt to walk up the stairs; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days.</td>
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General/Family Practice 73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT Radiology Services Denied Not Medically Necessary

Swelling.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 weeks ago.; There has not been any treatment or conservative therapy.; Knee pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

General/Family Practice 73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT Radiology Services Denied Not Medically Necessary

Swollen, pain and burning to the touch; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.

General/Family Practice 73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT Radiology Services Denied Not Medically Necessary

The patient has been prescribed anti-inflammatory medication, with no improvement.; This is a request for a foot MRI.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.

General/Family Practice 73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT Radiology Services Denied Not Medically Necessary

The patient is having right ankle/achilles pain that is not alleviated by medication. Pt cannot bear weight on her right foot.; This is a request for an Ankle MRI.; Surgery or arthrosopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.

General/Family Practice 73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT Radiology Services Denied Not Medically Necessary

This is a request for a foot MRI.; “There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.”.; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.

General/Family Practice 73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT Radiology Services Denied Not Medically Necessary

This is a request for a foot MRI.; “There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.”.; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.
This is a request for a foot MRI.; “There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.”; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.

This is a request for a foot MRI.; “There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.”; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Instability

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There are no documented physical or plain film findings of prosthetic device dislocation.; pain & swelling of right knee; Post-operative Evaluation

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus, pre-op or post-op evaluation, non-acute Chronic

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days

This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is not a suspected meniscus, tendon, or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.

This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy.
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This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.  
This is a request for a lower extremity MRI.; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.  
This is a request for a lower extremity MRI.; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.  
This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.  
This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.  
This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.  
This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.
<p>| General/Family Practice | Disapproval | 73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT | Radiology Services Denied | Not Medically Necessary | This patient is being ordered the MRI of the Lumbar spine due to rapidly progressing radiculopathy and the MRI of the Left Knee is being ordered due to the patient already having osteoarthritis and then having a knee injury that had made her pain worse; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. To check for torn ligaments; This study is being ordered for trauma or injury.; 9/20/17; There has been treatment or conservative therapy.; swelling, limited range of motion, tenderness; medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 |
| General/Family Practice | Disapproval | 73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT | Radiology Services Denied | Not Medically Necessary | TRYING TO RULE OSTEOMYELITIS; This study is being ordered for trauma or injury.; UNKNOWN; There has been treatment or conservative therapy.; ITCHING, BURNING, PAIN &amp; DISCHARGE; PATIENT WAS PERSCRIBED MEDICATION &amp; XRAYS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 |
| General/Family Practice | Disapproval | 73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT | Radiology Services Denied | Not Medically Necessary | unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. UNKNOWN; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks. unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/2017; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 |
| General/Family Practice | Disapproval | 73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT | Radiology Services Denied | Not Medically Necessary | UNKOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/20/17; There has been treatment or conservative therapy.; PATIENT REPORTS PAIN IN RIGHT KNEE THAT STARTED APPROX 2 1/2 MONTHS AGO. SHE HAD XRAYS THAT WERE NEGATIVE, SHE DOES HAVE A BONE ISLAND IN HER HIP. SHE REPORTS WEAKNESS IN RIGHT LOWER EXTREMITY.; PATIENT HAS BEEN TAKING IBUPROFEN WITHOUT RELIEF; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 2 |</p>
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<td>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 months ago; There has been treatment or conservative therapy.; abnormal x ray, mild scoliosis, mild degenerative changes, chronic pain, stiffness, painful to bear weight; pain medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<tr>
<td>General/Family Practice</td>
<td>Disapproval</td>
<td>73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
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<td>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 months ago; There has been treatment or conservative therapy.; abnormal x ray, mild scoliosis, mild degenerative changes, chronic pain, stiffness, painful to bear weight; pain medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT  
Radiology Services Denied Not Medically Necessary

This study is being ordered for trauma or injury.; 2010; There has been treatment or conservative therapy.; chronic back pain; injections w/it no relief; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for trauma or injury.; Several years ago; There has been treatment or conservative therapy.; Pain; Medications, xray; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is a requests for a hip MRI.; The member has not failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 weeks ago.; There has not been any treatment or conservative therapy.; Knee pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone); The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.
This is a request for a hip MRI; This study is not being ordered in conjunction with a pelvic MRI; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone); The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.

unknown; This is a request for a hip MRI; The member has not failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.

Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient did not give specific date of onset. Complains of pain happening for "years"; It is not known if there has been any treatment or conservative therapy.; Pain in Low back and hips with decreased ROM. History of OA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
General/Family Practice  Disapproval  73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT  Radiology Services Denied  Not Medically Necessary

unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; unknown; It is not known if there has been any treatment or conservative therapy; low back pain and hip pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

"I got crushed with a forklift in 2014, cut my abdominal wall in half" and "I have an appt with Dr John Cone 10-1-2017 @ UAMS" that is wanting this done before his appt.; This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are no physical findings or lab results indicating an intra-abdominal bleed.; Yes this is a request for a Diagnostic CT

General/Family Practice  Disapproval  74150 CT ABDOMEN WITHOUT CONTRAST  Radiology Services Denied  Not Medically Necessary

"Enter answer here - or Type In Unknown If No Info Given."; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Yes this is a request for a Diagnostic CT

General/Family Practice  Disapproval  74150 CT ABDOMEN WITHOUT CONTRAST  Radiology Services Denied  Not Medically Necessary

"Enter answer here - or Type In Unknown If No Info Given."; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non- ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT

General/Family Practice  Disapproval  74150 CT ABDOMEN WITHOUT CONTRAST  Radiology Services Denied  Not Medically Necessary

"Enter answer here - or Type In Unknown If No Info Given."; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Yes this is a request for a Diagnostic CT
74150 CT ABDOMEN WITHOUT CONTRAST

Radiology Services Denied
Not Medically Necessary

General/Family Practice Disapproval

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/01/2017; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;;

This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT

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Abdominal pain ongoing for close to year, cramping/aching, movement exacerbates pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &RxOD; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &RxOD; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT

Abdominal pain radiating through to back; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn’s disease, Abscess, Ulcerative Colitis, Acute Non- ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; It is not known if there are findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT

Amanda was seen a month ago for some epigastric discomfort. I felt she had a gastritis and gave her samples of Dexilant. Lab work was negative. I also felt most of her symptoms were stress related. I recommended trying something to help with her anxiety. This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &RxOD; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &RxOD; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT

Bloating and pain, patient is worried it might be the liver or gallbladder, denies nausea or vomiting, RUQ pain intermittent; muscle relaxers not helping the stabbing pain; eating worsens the pain; has not had any imaging done related to abdomen.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &RxOD; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &RxOD; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT
Hernia of anterior abdominal wall, pain is uncomfortable, feeling bloated, located on epigastric and becoming generalized. No nausea/vomiting. Appetite is decreased. Not related to food.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &RxOD; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &RxOD; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT.

HPI Comments: 35 yo female presents f/u from last visit here on 7/28/17. Today, reports LLQ pain. Describes this as being intermittent over the past 3 years after having her gallbladder removed. Denies any hernia, constipation or dysuria. &RxOD; Diabetes. Cur; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT.

Patient has had abdominal pain for more than 6 months.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &RxOD; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &RxOD; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT.

PT HAS RUQ PAIN THAT IS STILL PRESENT, COMES AND GOES WITH CERTAIN FOODS, US WAS NEG, NOTHING SHE DOES SEEMS TO ALLEVIATE PAIN, HAS BELCHING.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &RxOD; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &RxOD; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT.

PT WAS INVOLVED IN AN MVA 11/24/17, WHERE HE WAS STANDING OUTSIDE OF A CAR THAT WAS STRUCK BY ANOTHER VEHICLE AND ABSORBED THE KINETIC ENERGY FROM THE IMPACT CAUSING THE PATIENT TO BE THROWN 10 FEET AWAY. HE HAS BEEN COMPLAINING OF ABDOMINAL PAIN SIN; This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are no physical findings or lab results indicating an intra-abdominal bleed.; Yes this is a request for a Diagnostic CT.

PATIENT WAS INVOLVED IN AN MVA 11/24/17, WHERE HE WAS STANDING OUTSIDE OF A CAR THAT WAS STRUCK BY ANOTHER VEHICLE AND ABSORBED THE KINETIC ENERGY FROM THE IMPACT CAUSING THE PATIENT TO BE THROWN 10 FEET AWAY. HE HAS BEEN COMPLAINING OF ABDOMINAL PAIN SIN; This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are no physical findings or lab results indicating an intra-abdominal bleed.; Yes this is a request for a Diagnostic CT.
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<th>General/Family Practice</th>
<th>Disapproval</th>
<th>74150 CT ABDOMEN WITHOUT CONTRAST</th>
<th>Radiology Services Denied</th>
<th>Not Medically Necessary</th>
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<td><strong>R/O appendicitis, abdominal pain, rectal bleeding; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &amp;x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &amp;x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT</strong></td>
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<td><strong>R/O rib fracture; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; November 2016; There has been treatment or conservative therapy.; pain in RUQ; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</strong></td>
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<td><strong>Right upper quadrant pain and abdominal pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &amp;x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &amp;x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT</strong></td>
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<td><strong>Right upper quadrant pain present for a year that has been worsening. Certain foods make the pain worse and leaves her with forceful vomiting and severe diarrhea. These episodes are becoming more frequent.; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT</strong></td>
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<td><strong>This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT</strong></td>
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<td><strong>This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT</strong></td>
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<td><strong>This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT</strong></td>
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<td>Code</td>
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<td>General/Family Practice</td>
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<td>74150 CT ABDOMEN WITHOUT CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>Unknown; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT</td>
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<tr>
<td>General/Family Practice</td>
<td>Disapproval</td>
<td>74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>Patient with painful rectal cyst; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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<tr>
<td>General/Family Practice</td>
<td>Disapproval</td>
<td>74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>This is a request for CT Angiography of the Abdomen and Pelvis.</td>
</tr>
<tr>
<td>General/Family Practice</td>
<td>Disapproval</td>
<td>74175 CT ANGIOGRAPHY ABDOMEN</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>Yes, this is a request for CT Angiography of the abdomen.</td>
</tr>
<tr>
<td>General/Family Practice</td>
<td>Disapproval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>General/Family Practice</td>
<td>Disapproval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT</td>
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<td>General/Family Practice</td>
<td>Disapproval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
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<td>General/Family Practice</td>
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<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>General/Family Practice</td>
<td>Disapproval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; The study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT</td>
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<td>General/Family Practice</td>
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<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT</td>
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- This is a request for an abdomen-pelvis CT combination. This study is being requested for abdominal and/or pelvic pain. The study is being ordered for acute pain. There has been a physical exam. The patient is male. A rectal exam was not performed. Yes this is a request for a Diagnostic CT
- This is a request for an abdomen-pelvis CT combination. This study is being requested for abdominal and/or pelvic pain. The study is being ordered for acute pain. There has been a physical exam. The patient is male. A rectal exam was performed. The results of the exam were abnormal. Yes this is a request for a Diagnostic CT
- This study is being ordered for a metastatic disease. There are 2 exams are being ordered. One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt;Enter date of initial onset here - or Type In Unknown If No Info Given.&gt; There has not been any treatment or conservative therapy.; BACK PAIN SHOOTING PAIN DOWN LEGS JOINT PAIN SHOULDER AND NECK PAIN FATIGUE HEADACHES COUGH; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT.

This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT.

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This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT.

This is the first visit for this complaint.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT.
1. follow-up on loss of appetite, vomiting and diarrhea. Pt. is here for follow-up of appetite and weight loss and it is stable. No new complaints. Pt. has been compliant with medication. No side effects. She has gained 1/2 a pound. She still states; This is a request for an abdomen-pelvis CT combination.; The study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is follow up trauma.; It is not known if there is laboratory or physical evidence of an intra-abdominal bleed.; It is not known if there is physical or abnormal blood work consistent with peritonitis or abdominal abscess.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Patient c/o unintentional weight loss, drenching night sweats, fatigue. Quit smoking a month ago after smoking since the age of 15. Needs Ct abd/pelvis and chest to r/o cancer; There has been treatment or conservative therapy.; Weight loss, night sweats, former smoker for past 41 years. Needs further eval to r/o malignancy; Patient quit smoking and returned for follow up after six weeks of close observation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT.
General/Family Practice Disapproval 74176 CT ABD & PELVIS W/O CONTRAST Radiology Services Denied Not Medically Necessary

Abdominal exam: tenderness noted in the RLQ bowl sounds normal. Stuart A Epley is a 41 y.o. male presents with c/o RLQ abdominal pain for the past 3 weeks. Has had diarrhea 3-4 times a day. No fever.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT Abdominal pain with diarrhea; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT Abdominal pain, fever, nausea, tenderness on exam; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This isnot the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT Abnormal X-Rau that showed moderate elevation of the right hemi Diaphragm.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT c/o headache, intermittent chest pain for 3 weeks, c/o feeling weak for 2-3 weeks, weight loss; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/07/17 ter date of initial onset here - or Type In Unknown If No Info Given; There has been treatment or conservative therapy.; reports her appetite is off.&lt;bx0D; &lt;bx0D; reports chest pain, dyspnea&lt;bx0D; &lt;bx0D; worsening headaches.; pt given trazadone 150 mg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology cant rule out hernia vs gastritis vs mass vs abscess vs other&lt;bx0D; having severe epigastric pain with a "mass" that he feels getting bigger and more painful so will get CT scan and back in to GI doc&lt;bx0D; Happens worse after he eats as well.&lt;bx0D; &lt;bx0D; &lt;bx0D; Exams: ABD: +BS ; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT CHRONIC ABDOMINAL PAIN,&lt;bx0D; BLOATING, VOMITING, CONSTIPATION; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT
diffuse lower abdominal pain, diverticulosis, left pulmonary nodule. Patient had tenderness in her right lower quadrant. An x-ray was done on patient and we found a pulmonary nodule.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBUS, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology;

Elevated inflammatory markers - CT requested to rule out diverticulitis vs colitis; CRP = 78.0 & AST = 548 & ALT = 60 & Creatinine = .57; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

Had UTI and was treated but didn't help, ABD pain, liver enzymes elevated, R/O liver issues or problems; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

Hematuria; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

Hernia; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT

I have ordered a CT scan. This extensively discussed with patient. This perhaps could be diverticulitis.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

Left upper quad pain& Constipation; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT

Lower abdominal pain and tenderness; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT

LUQ pain, swelling, palpable mass; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT
NASUEA BLOTTING PAIN; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

Nausea with vomiting, unspecified; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT

None; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT

None; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

Ongoing R flank pain and dysuria, negative urine culture; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; Yes this is a request for a Diagnostic CT

Pain in left side, hurts when he coughs or takes a deep breath, pain in left side between lower ribs and pelvic area.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

Patient complaining of cramping. is very uncomfortable.; This is a request for an abdomen-pelvis CT combination.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT

PAIN IN LOWER ABDOMEN GOING DOWN INTO THE LEGS, UNRESOLVED FOR THE PAST 2 MONTHS, TTT IN LEFT AND RIGHT INGUINAL AREAS.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT

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Patient diagnosed with diverticulitis; This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain; The study is being ordered for acute pain; There has been a physical exam; The patient is female; A pelvic exam was NOT performed; Yes this is a request for a Diagnostic CT

Patient had an US in Washington in June. That US suggested a possible fibroid. She has menorrhagia at times and this hx of abnormal US. I will order a CT of the abdomen pelvis.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT

Patient is having abdominal pain and having neck pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Patient presents for complaints of continued epigastric abdominal pain. Evaluated with EGD in 2/2017, found to have hiatal hernia and mild reflux with plans for f/u CT abd (never done). Treated himself off and on with protonix/ranitidine, moderate effec; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT
Patient presents for follow-up regarding Urology complaints related to epididymitis. Reports continued intermittent problems that are relieved temporarily with levofloxacin. Patient is due to see Urology for ongoing complaints however is not able to get i; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT

Patient with painful rectal cyst; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. 1

Patient's pain is worsening, patient is needing high tech imaging so we can adequately treat patient. To improve quality of life.; This study is being ordered for trauma or injury.; 11-11-17; There has not been any treatment or conservative therapy.; Chest pain, rib pain, abdominal pain, shortness of breath.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

pt presents with generalized abdominal pain. This is located primarily in the epigastric region. It does not radiate. It began 5 years ago. The onset of pain occurred with no apparent trigger. He characterizes it as cramping. It is of moderate intensity; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT.

pt c/o chronic abdominal pains and bloating, anemia; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT.

pt states she feels she can't fully empty bladder; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT.

pt is here c/o low back pain. pelvic exam could not be performed due to pt being in a wheelchair.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for chronic pain.; This patient is female.; A pelvic exam was NOT performed.; ; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an ultrasound.; Yes this is a request for a Diagnostic CT.
<table>
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<tr>
<th>General/Family Practice</th>
<th>Disapproval</th>
<th>74176 CT ABD &amp; PELVIS W/O CONTRAST</th>
<th>Radiology Services Denied</th>
<th>Not Medically Necessary</th>
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<td>right lower quadrant pain for month, worsen in last week. Nausea and vomiting; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT</td>
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<td>see attached; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/02/2017; There has been treatment or conservative therapy.; fatigue and chills; B12 injections for b12 deficiency - no improvement in fatigue; labs done to confirm no other cause; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the not the first visit for this complaint.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT
<table>
<thead>
<tr>
<th>General/Family Practice</th>
<th>Disapproval</th>
<th>74176 CT ABD &amp; PELVIS W/O CONTRAST</th>
<th>Radiology Services Denied Not Medically Necessary</th>
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<tbody>
<tr>
<td></td>
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<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is organ enlargement.; There is not ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; &lt;Enter Additional Clinical Information&gt;; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; ; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Abdominal Bloating and distention, some cramping. No vomiting, no diarrhea or constipation. Girth has increased, distended and epigastric tenderness (mild); Do not detect shifting dullness; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Abdominal Hernia, painful; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; abdominal pain; Yes this is a request for a Diagnostic CT</td>
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<tr>
<td>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Pt has an ultrasound of the abdomen on 9/27/2017 - &lt;x0D; &lt;x0D; results: &lt;x0D; Impression: &lt;x0D; The liver appears mildly fatty. The abdomen otherwise appears &lt;x0D; negative.; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Pt having LUQ abdominal pain w hx of diverticulitis; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; old female presents with complaints of abdominal pain LLQ worse when moving into prone or sitting position. worse with palpation. Pain scale at 8/10 with palpation. 3-4/10 when changing position; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; pulled stomach muscle while coughing 3 to 4 weeks ago. 61 year old female presents with complains of abdominal pain LLQ worse when moving into prone or sitting position. worse with palpation. Pain scale at 8/10 with palpation. 3-4/10 when changing position; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; unknown; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; upon exam of pt. pt states she has never menstruated. pt was scheduled for a abdominal ultrasound and the uterus and ovaries were not able to be visualize.; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT 2</td>
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<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a Kidney/Renal cyst(s); Yes this is a request for a Diagnostic CT 1</td>
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<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT 4</td>
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<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT 3</td>
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<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT 37</td>
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<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are abnormal.; Yes this is a request for a Diagnostic CT 11</td>
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This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed an aneurysm.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; The ultrasound showed a Kidney/Renal cyst(s); Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT

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This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT
| General/Family Practice | Disapproval | 74176 CT ABD & PELVIS W/O CONTRAST | Radiology Services Denied Not Medically Necessary | This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT ultrasound that showed no abnormality except fatty liver; has tenderness in the RLQ and has had a TAH-BSO in the past with questionable incidental appendectomy; will check CT Abd with and without and rx possible diverticular flare; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT  | 1 |
| General/Family Practice | Disapproval | 74176 CT ABD & PELVIS W/O CONTRAST | Radiology Services Denied Not Medically Necessary | unknown.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT  | 1 |
| General/Family Practice | Disapproval | 74176 CT ABD & PELVIS W/O CONTRAST | Radiology Services Denied Not Medically Necessary | unknown; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.;  | 1 |
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unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT

unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT

unknown; This study is being ordered for Vascular Disease.; 09/29/2017; There has been treatment or conservative therapy.; patient is having chest congestion, cough and sore and chest discomfort; patient has had medication therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

very tender in the right lower quadrant area when pressure was applied, patient very nauseated due to her pain level; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT

left scrotal pain associated with specific movement. CT and ultrasound have been normal.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;
75571 Coronal Artery Calcium Score, EBCT
75574 CT Angiography
75635 CTA A&ABI
ILILOEM LXTR RS&C+/C+ POST-PXESSING
76380 CT FOLLOW-UP OR LIMITED STUDY ANY AREA
76497 Unlisted computed tomography procedure (eg, diagnostic, interventional)
77078 CT bone mineral density study, 1 or more sites; axial skeleton
78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Radiology Services Denied
Not Medically Necessary

WILL FAX IN; This is a request for a CT scan for evaluation of coronary calcification.

One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Yes, this is a request for CT Angiography of the abdominal arteries.

smoker, acute bronchitis; Limited or Follow up other than Sinus CT; Chest

low density lesion in upper pole left kidney, incompletely characterized 8 mm low density lesion in the posterior segment of the right hepatic lobe incompletely characterized without contract; Requestor has decided to proceed with the unlisted code.

This is a request for Breast MRI.; This study is being ordered for known breast lesions.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.

PT HAS ENLARGE SWOLLEN RED BREAST FOR 3-4 WEEKS, ULTRASOUND WAS NEGATIVE; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.

This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.

This is a request for a Bone Density Study.; Unknown if this patient had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of osteoporosis or osteopenia.; The patient has not been on steroid therapy for more than 3 months.; This is not a repeat study due to a change in treatment or a change in symptoms of osteoporosis.

&it; Enter answer here - or Type in Unknown If No Info Given. &gt;; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.

&lt; Enter answer here - or Type in Unknown If No Info Given. &gt;; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.
General/Family Practice Disapproval
78451 Myocardial perfusion imaging, tomographic (SPECT); single study Radiology Services Denied Not Medically Necessary
<&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;: The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

General/Family Practice Disapproval
78451 Myocardial perfusion imaging, tomographic (SPECT); single study Radiology Services Denied Not Medically Necessary
<&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;: This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39

General/Family Practice Disapproval
78451 Myocardial perfusion imaging, tomographic (SPECT); single study Radiology Services Denied Not Medically Necessary
<&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;: An irregular rhythm present. Tachycardia present.; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

General/Family Practice Disapproval
78451 Myocardial perfusion imaging, tomographic (SPECT); single study Radiology Services Denied Not Medically Necessary
<&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;: Angina with family hx of heart disease, his brother died of MI at age 48. Recent stress test was sub optimal. Patient states he continues to have intermittent chest pressure and shortness of breath with heavy exertion.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient is male.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

General/Family Practice Disapproval
78451 Myocardial perfusion imaging, tomographic (SPECT); single study Radiology Services Denied Not Medically Necessary
<&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;: April 6th 2017- Chest pressure for 1 week chest xray and EKG performed lab work done Chest pain; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.
<table>
<thead>
<tr>
<th>Procedure Description</th>
<th>Reason for Disapproval</th>
<th>Additional Information</th>
</tr>
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<tbody>
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<td>78451 Myocardial perfusion imaging, tomographic (SPECT); single study</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
</tr>
<tr>
<td>Carotid ultrasound shows plaque less than 50%. Aortic plaque. Having chest heaviness and dyspnea; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBC, MRS, PET Scan, or Unlisted CT/MRI. Diabetes &amp;#x003D; The problem is getting worse. Risk factors include: family history diabetes mellitus, obesity, over age 45 years old and sedentary lifestyle. Patient is compliant with using medication, and follow-up. He Has been managed with diet, oral medict; The study is being ordered for suspected CAD; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath; The patient has not had a recent non-nuclear stress test; The patient has had a recent abnormal EKG consistent with CAD; The patient has not had a recent stress echocardiogram; The patient has not had a stress echocardiogram within the past eight weeks; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient is male; This is NOT a Medicare member; The patient's age is between 45 and 64 years old. EKG sinus brady- no ectopy. No murmur, regular rate and rhythm, S1, S2 normal; The patient is not diabetic; The patient has not had a recent exercise treadmill test that was positive; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member; The patient is less than 45 years old. Elevated coronary artery calcium score; Anginal equivalent; The study is being ordered for suspected CAD; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath; The patient has not had previous cardiac surgery or angioplasty; The patient has not had a recent non-nuclear stress test; The patient has not had a stress echocardiogram within the past eight weeks; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise; This is NOT a Medicare member; The patient's age is between 45 and 64 years old. Exertional chest pain with family history of MI; The patient is not diabetic; The patient has not had a recent exercise treadmill test that was positive; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member; The patient is less than 45 years old. Female w/ cardiac risk factors of age &amp; HTN, noted to have 30 days of chest wall pain, sternal pain, and severe dyspnea. Sx have improved. Please evaluate for a PE or aneurysm; Chest Pain &amp; Dyspnea -- given her severe SOB and CP, I have ordered a CTA; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation; The patient has not had a stress echocardiogram within the past eight weeks; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member; The patient's age is between 45 and 64 years old.</td>
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General/Family Practice 78451 Myocardial perfusion imaging, tomographic (SPECT); single study Radiology Services Denied Not Medically Necessary

He reports chest pain on exertion (tightness/dull ache in midstest w/o radiation, but assoc w sob, diaphoresis, fatigue, and can last 20 min. Rest is helpful for relief.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

General/Family Practice 78451 Myocardial perfusion imaging, tomographic (SPECT); single study Radiology Services Denied Not Medically Necessary

Member is unable to exercise as her BMI is 42.5; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.

General/Family Practice 78451 Myocardial perfusion imaging, tomographic (SPECT); single study Radiology Services Denied Not Medically Necessary

Neck still hurts, she also said she got really disoriented, shoulders are still hurting. Pt failed EKG. Needs further testing; This study is being ordered for trauma or injury.; March of 2017; There has been treatment or conservative therapy.; Chiropractor and 6 weeks or more of physical therapy. Failed medication as well.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Palpitations; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.
Patient has an ekg that showed a right bundle branch block; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient is male.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

Patient has had severe chest pain with extreme uncontrolled hypertension.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

Patient has had severe chest pain, it is only resolved with medication. Patient has noticed changes with amount of chest tightness with anxiety.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient having Chest pain; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

Patient is also having a treadmill stress with this nuclear part; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

pt is having atypical chest pain. can not have regular stress test b/c he can not walk on treadmill due to meniscus tear.; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.
General/Family Practice  Disapproval
78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Radiology Services Denied
Not Medically Necessary

Pt retaining fluid in leg; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

General/Family Practice  Disapproval
78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Radiology Services Denied
Not Medically Necessary

Pt suffers with an abnormal EKG and hypertension.; It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

General/Family Practice  Disapproval
78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Radiology Services Denied
Not Medically Necessary

Right lower lobe 3.3 mm nodule, if high risk for lung cancer, follow-up in 12 months; Total calcium score is 440. Levels over 400 have a greater association with flow limiting coronary disease. I would like Debbie to have a study; The study is being ordered for suspected CAD.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

General/Family Practice  Disapproval
78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Radiology Services Denied
Not Medically Necessary

She has Hypertension, exertional shortness of breath, arm pain, palpitations, bad knees so that another treadmill may not be possible. She has had a treadmill stress in the remote past. Her symptoms have been increasing over that last couple months, and.; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/ or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.

General/Family Practice  Disapproval
78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Radiology Services Denied
Not Medically Necessary

shortness of breath with walking short distances, turning into panic attacks.; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

General/Family Practice  Disapproval
78451 Myocardial perfusion imaging, tomographic (SPECT); single study
Radiology Services Denied
Not Medically Necessary

shortness of breath, sleep apnea, family history of CAD, COPD; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.
Symptoms include chest pain and dyspnea. The pain is located in the left anterior chest and left lateral chest. The pain radiates to the left arm. The patient describes the pain as aching and pressure-like. Onset was sudden 3 week(s) ago. The symptoms occur; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.

The patient is here for a follow up on her blood pressure medications. She has had CP and SOB along with dizziness. EKG was abnormal. patient not able to perform exercise stress test due to shortness of breath and dizziness.; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient is less than 45 years old.

The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have diabetes.; This is NOT a Medicare member.; The patient is 65 or older.; The patient does NOT have cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty(PCI); This is NOT for a preoperative evaluation of a non cardiac surgery involving general anesthesia; It is unknown if it has been greater than 5 years since cardiac testing has been performed. The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease.

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.
Patient: Myocardial perfusion imaging, tomographic (SPECT); single study

- Radiology Services Denied
- Not Medically Necessary

- The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.
- The patient has not had previous cardiac surgery or angioplasty.
- The patient has not had a recent non-nuclear stress test.
- The patient has not had a stress echocardiogram within the past eight weeks.
- This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).
- The patient does not have a physical limitation to exercise.
- This is NOT a Medicare member.
- The patient's age is between 45 and 64 years old.

Patient: Brain PET (POSITRON EMISSION TOMOGRAPHY)

- Radiology Services Denied
- Not Medically Necessary

- Memory loss of unknown cause;
- This is a request for a Metabolic Brain PET scan;
- This study is being ordered for dementia.

- Probable old infarction adjacent to the anterior horn of the left lateral ventricle. Follow-up MRI in 4-6 months is recommended.
- Mucous retention cyst of the right maxillary sinus;
- This is a request for a Metabolic Brain PET scan;
- This study is not being ordered for refractory seizures, dementia, Alzheimer's disease or Tumor/Cancer.

Patient: PET IMAGING FOR CT ATTENUATION WHOLE BODY

- Radiology Services Denied
- Not Medically Necessary

- This a request for a Tumor Imaging PET Scan;
- This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA;
- This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor;
- This is NOT a Medicare member.

Patient: Echocardiogram

- Radiology Services Denied
- Not Medically Necessary

- This a request for an echocardiogram;
- This is a request for a Transthoracic Echocardiogram;
- This study is being ordered for another reason;
- The reason for ordering this study is unknown.
<table>
<thead>
<tr>
<th>General/Family Practice</th>
<th>Disapproval</th>
<th>93307 TTHRC R-T IMG 2D +M-MODE REC COMPL</th>
<th>Radiology Services Denied</th>
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</tr>
</thead>
<tbody>
<tr>
<td>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG.</td>
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<td>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if this request is for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.</td>
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<td>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; It is unknown if this is a request for follow up of a known murmur.</td>
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<td>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; It is unknown if this is being ordered for initial diagnosis of congenital heart disease, Annual follow up of congenital heart disease or Evaluation of change of clinical status.</td>
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<td>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there has been a change in clinical status since the last echocardiogram; This is NOT for the initial evaluation of heart failure.</td>
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<td>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.</td>
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<td>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient’s cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.</td>
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<td>This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient’s cardiac symptoms.; It is unknown if it has been at least 24 months since the last echocardiogram was performed.</td>
<td>1</td>
<td></td>
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</tr>
<tr>
<td>General/Family Practice</td>
<td>Disapproval</td>
<td>2D →M-MODE COMPLETE REST&amp;STRS</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
</tr>
<tr>
<td>This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease.

This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic tests suggestive of lung cancer.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient does NOT have a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic tests suggestive of lung cancer.; Patients who are NOT between the ages of 55 and 81 years of age do not meet the criteria for lung cancer screening.

This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic tests suggestive of lung cancer.; Patients who are NOT between the ages of 55 and 81 years of age do not meet the criteria for lung cancer screening.

This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic tests suggestive of lung cancer.; Patients who are NOT between the ages of 55 and 81 years of age do not meet the criteria for lung cancer screening.

This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic tests suggestive of lung cancer.; Patients who are NOT between the ages of 55 and 81 years of age do not meet the criteria for lung cancer screening.

This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic tests suggestive of lung cancer.; Patients who are NOT between the ages of 55 and 81 years of age do not meet the criteria for lung cancer screening.

This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic tests suggestive of lung cancer.; Patients who are NOT between the ages of 55 and 81 years of age do not meet the criteria for lung cancer screening.

This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic tests suggestive of lung cancer.; Patients who are NOT between the ages of 55 and 81 years of age do not meet the criteria for lung cancer screening.

This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic tests suggestive of lung cancer.; Patients who are NOT between the ages of 55 and 81 years of age do not meet the criteria for lung cancer screening.

This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic tests suggestive of lung cancer.; Patients who are NOT between the ages of 55 and 81 years of age do not meet the criteria for lung cancer screening.

This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic tests suggestive of lung cancer.; Patients who are NOT between the ages of 55 and 81 years of age do not meet the criteria for lung cancer screening.

This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic tests suggestive of lung cancer.; Patients who are NOT between the ages of 55 and 81 years of age do not meet the criteria for lung cancer screening.

This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic tests suggestive of lung cancer.; Patients who are NOT between the ages of 55 and 81 years of age do not meet the criteria for lung cancer screening.

This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic tests suggestive of lung cancer.; Patients who are NOT between the ages of 55 and 81 years of age do not meet the criteria for lung cancer screening.
Pt has PARKINSON'S DISEASE, memory loss, tremors; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell’s Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell’s Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

None; There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT

This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.

This request is for a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

Initial staging; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
This is a request for a Thorax (Chest) CT.; Abnormal imaging test describes the reason for this request.; Yes this is a request for a Diagnostic CT

This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.

This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?

This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT

This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.
<table>
<thead>
<tr>
<th>Gynecologic Oncology</th>
<th>Approval/Disapproval</th>
<th>Study Code</th>
<th>Reason for Approval/Disapproval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approval</td>
<td>78813 PET IMAGING WHOLE BODY</td>
<td>This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.</td>
<td></td>
</tr>
<tr>
<td>Disapproval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>This is a request for an abdomen-pelvis CT combination.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
<td></td>
</tr>
<tr>
<td>Disapproval</td>
<td>71250 CT CHEST, THORAX</td>
<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have any amylase or lipase lab test.; Yes this is a request for a Diagnostic CT.</td>
<td></td>
</tr>
</tbody>
</table>
Gynecologic Oncology

Hematologist/Oncologist

Disapproval

Radiology Services Denied Not Medically Necessary

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.

Hematologist/Oncologist

Approval 70450 CT BRAIN, HEAD

&lt;Enter answer here - or Type In Unknown If No Info Given.&gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD(s) specialty is Hematologist/Oncologist

Hematologist/Oncologist

Approval 70450 CT BRAIN, HEAD

RESTAGING LYMPHOMA; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD(s) specialty is Hematologist/Oncologist

Hematologist/Oncologist

Approval 70450 CT BRAIN, HEAD

RESTAGING BREAST CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD(s) specialty is Hematologist/Oncologist

Hematologist/Oncologist

Approval 70450 CT BRAIN, HEAD

RESTAGING CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD(s) specialty is Hematologist/Oncologist

Hematologist/Oncologist

Approval 70450 CT BRAIN, HEAD

RESTAGING DURING ONGOING TREATMENT; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD(s) specialty is Hematologist/Oncologist

Hematologist/Oncologist

Approval 70450 CT BRAIN, HEAD

RESTAGING LYMHPHOMA AND PROSTATE CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD(s) specialty is Hematologist/Oncologist

Hematologist/Oncologist

Approval 70450 CT BRAIN, HEAD

RESTAGING LYMHPHOMA; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD(s) specialty is Hematologist/Oncologist

Hematologist/Oncologist

Approval 70450 CT BRAIN, HEAD

RESTAGING MELANOMA; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD(s) specialty is Hematologist/Oncologist

Hematologist/Oncologist

Approval 70450 CT BRAIN, HEAD

RESTAGING SCANS; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD(s) specialty is Hematologist/Oncologist

Hematologist/Oncologist

Approval 70450 CT BRAIN, HEAD

Pt has known history of breast cancer, f/u scans; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
Hematologist/Oncologist Approval 70450 CT BRAIN, HEAD

There are 2 exams being ordered; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is Hematologist/Oncologist.

Hematologist/Oncologist Approval 70450 CT BRAIN, HEAD

There are 3 exams being ordered; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is Hematologist/Oncologist.

Hematologist/Oncologist Approval 70450 CT BRAIN, HEAD

This is a request for a brain/head CT; Known or suspected inflammatory disease best describes the reason that I have requested this test.

Hematologist/Oncologist Approval 70450 CT BRAIN, HEAD

This is a request for a brain/head CT; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.

Hematologist/Oncologist Approval 70450 CT BRAIN, HEAD

This is a request for a brain/head CT; The patient has a known brain tumor; Known or suspected tumor best describes the reason that I have requested this test; There are NO documented neurologic findings suggesting a primary brain tumor.

Hematologist/Oncologist Approval 70450 CT BRAIN, HEAD

This is a request for a brain/head CT; The patient has a known tumor outside the brain; Known or suspected tumor best describes the reason that I have requested this test.

Hematologist/Oncologist Approval 70450 CT BRAIN, HEAD

This is a request for a brain/head CT; The patient has a known tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are NO documented neurologic findings suggesting a primary brain tumor.

Hematologist/Oncologist Approval 70450 CT BRAIN, HEAD

This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; This study is being requested for known or suspected brain tumor, mass or cancer.  
"This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8";  
"There is not suspicion of bone infection, osteomyelitis, or inflammatory disease.ostct";  
"There is not a history of serious head or skull, trauma or injury.ostct";  
"There is suspicion of neoplasm, or metastasis.ostct"; Yes this is a request for a Diagnostic CT.

Hematologist/Oncologist Approval 70450 CT BRAIN, HEAD

This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.

Hematologist/Oncologist Approval 70450 CT BRAIN, HEAD

This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are NO documented neurologic findings suggesting a primary brain tumor.

Hematologist/Oncologist Approval 70450 CT BRAIN, HEAD

This is a request for a brain/head CT.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer.  
"This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8";  
"There is not suspicion of bone infection, osteomyelitis, or inflammatory disease.ostct";  
"There is suspicion of neoplasm, or metastasis.ostct"; Yes this is a request for a Diagnostic CT.

Hematologist/Oncologist Approval 70450 CT BRAIN, HEAD

This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.

Hematologist/Oncologist Approval 70450 CT BRAIN, HEAD

This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.

Hematologist/Oncologist Approval 70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA, EAR ETC.

“This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8”;  
“There is not a history of serious head or skull, trauma or injury.ostct”;  
“There is not a suspicion of bone infection, osteomyelitis, or inflammatory disease.ostct”; Yes this is a request for a Diagnostic CT.

Hematologist/Oncologist Approval 70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST

“This request is for face, jaw, mandible CT.239.8”;  
“There is not a history of serious facial bone or skull, trauma or injury.ostct”; Yes this is a request for a Diagnostic CT.

Hematologist/Oncologist Approval 70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST

“This request is for face, jaw, mandible CT.239.8”;  
“There is not a history of serious facial bone or skull, trauma or injury.ostct”;  
“There is not a suspicion of neoplasm, tumor or metastasis.ostct”;  
“There is not a suspicion of bone infection, osteomyelitis,ostct” This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT.

Hematologist/Oncologist Approval 70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST

“This request is for face, jaw, mandible CT.239.8”;  
“There is not a history of serious facial bone or skull, trauma or injury.ostct”;  
“There is not a suspicion of neoplasm, tumor or metastasis.ostct”; Yes this is a request for a Diagnostic CT.

Hematologist/Oncologist Approval 70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST

pt has CLL and an CXR on 10/24 revealed possible pneumonia. Pt c/o fever, chills, congestion, cough, sob; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
There are 2 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist

This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT

; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

There are 4 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist

Cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

history of Hodgkin’s lymphoma; There are 4 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist

Post treatment restaging; This is a request for neck soft tissue CT.; The study is being ordered for follow up.; The patient has a known tumor or metastasis in the neck.; They had a previous neck CT in the last 10 months.; The patient has not completed a course of chemotherapy or radiation therapy within the past 90 days.; There are no new or changing symptoms in the neck.; Yes this is a request for a Diagnostic CT

; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

; There are 4 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist

; There are 4 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist

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; There are 4 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist
<table>
<thead>
<tr>
<th>Hematologist/Oncologist</th>
<th>Approval</th>
<th>Scan Type</th>
<th>Specialties</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>70490 CT NECK SOFT</td>
<td>TISSUES, LARYNX, THYROID</td>
<td>RESTAGING LYMPHOMA; There are 4 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is Hematologist/Oncologist</td>
</tr>
<tr>
<td></td>
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<td>70640 MRI</td>
<td>ORBIT/FACE/NECK W/O DYE</td>
<td>Tonsillectomy of the left neck.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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<tr>
<td></td>
<td></td>
<td>70544 Mr angiography head w/o dye</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enter answer here - or Type In Unknown If N Chief Complaints: &lt;xOD; 1. BENIGN NEOPLASM OF SKIN OF LIP. &lt;xOD; &lt;xOD; HPI: &lt;xOD; NEW PATIENT/CONSULT &lt;xOD; Right upper lip lesion s/p biopsy on 10/24/17 showing involvement by atypical nodular; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. |

There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist.
Hematologist/Oncologist Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Enter answer here - or Type In Unknown If No Info Given.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is Hematologist/Oncologist.

Hematologist/Oncologist Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Enter answer here - or Type In Unknown If No Info Given.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.

Hematologist/Oncologist Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Enter answer here - or Type In Unknown If No Info Given.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

Hematologist/Oncologist Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Hematologist/Oncologist Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

Hematologist/Oncologist Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Hematologist/Oncologist Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling or child) of stroke, aneurysm, or AVM (arteriovenous malformation)

Hematologist/Oncologist Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Hematologist/Oncologist Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.

Hematologist/Oncologist Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.
Hematologist/Oncologist Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Breast cancer, r/o mets; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

DLBCL with CNS involvement; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is Hematologist/Oncologist.

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

ENTENSIVE STAGE SCLC RESTAGING AFTER OR DURING TREATMENT; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is Hematologist/Oncologist.

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Enter answer here – or Type In Unknown If No Info Given

small cell lung cancer with presentation with SVC obstruction as well as malignant pericardial effusion hemorrhagic & x; small cell carcinoma of lung; This request is for a Brain MRI; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Enter answer here – or Type In Unknown If No Info Given & x; small cell lung cancer with presentation with SVC obstruction as well as malignant pericardial effusion hemorrhagic & x; small cell carcinoma of lung; This request is for a Brain MRI; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Enter answer here – or Type In Unknown If No Info Given & x;

hist pulmonary embolism; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Hist pulmonary embolism; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation).
<table>
<thead>
<tr>
<th>Patient/Request Description</th>
<th>Request Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hematologist/Oncologist</strong></td>
<td><strong>Approval</strong></td>
</tr>
<tr>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>initial staging for lung cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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<tr>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>malignant neoplasm of the brain, non-small cell lung cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
</tr>
<tr>
<td>MIGRANE HEADACHES AND BREAST CANCER STAGING; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; It is not known if there is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation) with a recent onset.</td>
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</tr>
<tr>
<td>MRI IS NEEDED FOR INITIAL STAGING OF BREAST CANCER. BEFORE STARTING CHEMO; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</td>
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</tr>
<tr>
<td>Positive for dizziness, extremity weakness, gait problem, headaches, light-headedness and numbness. Negative for seizures and speech difficulty. &amp;nbd; Hematological: Negative for adenopathy. Bruises/bleeds easily.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.</td>
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</tbody>
</table>
Positive for fatigue, some weight loss but positive for occasional dizziness off and on; Dizziness request MRI brain with and without contrast to rule out metastatic disease.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.

Positive for fatigue, some weight loss but positive for occasional dizziness off and on; Dizziness request MRI brain with and without contrast to rule out metastatic disease.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.

PT with history of MS and chronic Leukocytosis, joint pain, headache, dizziness, weakness, and leg swelling; peripheral neuropathy and headaches.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.

PT under active treatment for lung cancer, checking for of diseases reposes to treatment.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

TESTAGING LUNG CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist

TESTAGING METASTATIC NSCLC; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist

Testicular cancer and checking for METS-patient has been known to have dizziness and headaches; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist

There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.
This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient has known cancer.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing fatigue or malaise.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing fatigue or malaise.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.
Hematologist/Oncologist Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).

Hematologist/Oncologist Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.

Hematologist/Oncologist Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.

Hematologist/Oncologist Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has NOT been a change in seizure pattern or a new seizure.; This is a new patient.

Hematologist/Oncologist Approval

71250 CT CHEST, THORAX

"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT

Hematologist/Oncologist Approval

71250 CT CHEST, THORAX

"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT

Hematologist/Oncologist Approval

71250 CT CHEST, THORAX

&It; Enter answer here - or Type In Unknown If No Info Given. &It; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Hematologist/Oncologist Approval

71250 CT CHEST, THORAX

&It; Enter answer here - or Type In Unknown If No Info Given. &It; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist

Hematologist/Oncologist Approval

71250 CT CHEST, THORAX

&It; Enter answer here - or Type In Unknown If No Info Given. &It; There is no radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT

Hematologist/Oncologist Approval

71250 CT CHEST, THORAX

&It; Enter answer here - or Type In Unknown If No Info Given. &It; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
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<td>Approval</td>
<td>71250 CT CHEST, THORAX</td>
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- "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; It is unknown if they had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT
- "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT
- A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT
- A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT
- One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
- There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist
- This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
- 1. High grade NHL involving left kidney and regional lymph nodes with discordant histology diagnosed April 2017. Stage IAIE. CNS score = 2 = Intermediate risk
- &lt;nbsp;&lt;/nbsp;&lt;br&gt; TREATMENT HISTORY: &lt;nbsp;&lt;/nbsp;&lt;br&gt; 1. CT of the abdomen and pelvis April 7, 2017 at Wadley Regional Medic; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
- A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT
- abdominal pain.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
- Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT
- Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT
- Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT
- cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
- Chest pain describes the reason for this request.; Known tumor and new symptoms involving the chest, chest wall, lung or pelvis is related to this request for imaging of a known cancer or tumor.; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor.; Yes this is a request for a Diagnostic CT

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Hematologist/Oncologist Approval 71250 CT CHEST, THORAX

Chest pain describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 30 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT  

Hematologist/Oncologist Approval 71250 CT CHEST, THORAX

Continuation of care for Lymphoma.Patient here today for a 3 month follow up.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.  

Hematologist/Oncologist Approval 71250 CT CHEST, THORAX

Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.  

Hematologist/Oncologist Approval 71250 CT CHEST, THORAX

DLBCL with CNS involvement; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist  

Hematologist/Oncologist Approval 71250 CT CHEST, THORAX

ENTENSIVE STAGE SCLC RESTAGING AFTER OR DURING TREATMENT; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist  

Hematologist/Oncologist Approval 71250 CT CHEST, THORAX

Follow up to lesion; “There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.”; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT  

Hematologist/Oncologist Approval 71250 CT CHEST, THORAX

Gastrointestinal stromal tumor; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.  

Hematologist/Oncologist Approval 71250 CT CHEST, THORAX

 history of Hodgkin’s lymphoma; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist  

Hematologist/Oncologist Approval 71250 CT CHEST, THORAX

IMPRESSION AND PLAN: This is a 60-year-old gentleman with a heavy smoking history, stage IV &x003D; metastatic squamous cell cancer. He is on chemoradiation with carbo/Taxol and tolerating it well. We will &x003D; deliver cycle #7 of weekly carbo/Ta; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.  

Hematologist/Oncologist Approval 71250 CT CHEST, THORAX

malignant melanoma of right upper limb, including shoulder; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.  

Hematologist/Oncologist Approval 71250 CT CHEST, THORAX

Malignant neoplasm of upper lobe, left bronchus or lung; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.  

Hematologist/Oncologist Approval 71250 CT CHEST, THORAX

‘None of the above’ describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT  

Hematologist/Oncologist Approval 71250 CT CHEST, THORAX

‘None of the above’ describes the reason for this request.; Finding of cancer elsewhere is related to the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT  

Hematologist/Oncologist Approval 71250 CT CHEST, THORAX

‘None of the above’ describes the reason for this request.; Initial staging prior to treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor.; Yes this is a request for a Diagnostic CT  

Hematologist/Oncologist Approval 71250 CT CHEST, THORAX
<table>
<thead>
<tr>
<th>User</th>
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<th>CT Description</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Hematologist/Oncologist</td>
<td>Approval</td>
<td>71250 CT CHEST, THORAX</td>
<td>'None of the above' describes the reason for this request.; Known tumor and new symptoms involving the chest, chest wall, lung or pelvis is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>Hematologist/Oncologist</td>
<td>Approval</td>
<td>71250 CT CHEST, THORAX</td>
<td>'None of the above' describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>Hematologist/Oncologist</td>
<td>Approval</td>
<td>71250 CT CHEST, THORAX</td>
<td>'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>Hematologist/Oncologist</td>
<td>Approval</td>
<td>71250 CT CHEST, THORAX</td>
<td>'None of the above' describes the reason for this request.; The patient had an abnormal imaging (xray) finding related to the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT.</td>
</tr>
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<td>Hematologist/Oncologist</td>
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<td>71250 CT CHEST, THORAX</td>
<td>'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>Hematologist/Oncologist</td>
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<td>71250 CT CHEST, THORAX</td>
<td>Patient has carcinoid tumors of the stomach and liver. CT scan needed to evaluate recurrence of cancer and if treatment needs to be changed. Patient also having chronic sinusitis that has been present for over 1 month. Needs CT scan to evaluate cause and de; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
</tr>
<tr>
<td>Hematologist/Oncologist</td>
<td>Approval</td>
<td>71250 CT CHEST, THORAX</td>
<td>Patient has known lung cancer of the left lung and is experiencing new signs and symptoms. CT scan needed to re-evaluate pt for recurrence; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
</tr>
<tr>
<td>Hematologist/Oncologist</td>
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<td>71250 CT CHEST, THORAX</td>
<td>Patient with history of anemia presents with unexplained weight loss of over 40 lbs in the last 2-3 months. Needs further evaluation to determine cause.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
</tr>
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<td>Hematologist/Oncologist</td>
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<td>71250 CT CHEST, THORAX</td>
<td>Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>Hematologist/Oncologist</td>
<td>Approval</td>
<td>71250 CT CHEST, THORAX</td>
<td>Pt has CLL and an CXR on 10/24 revealed possible pneumonia. Pt c/o fever, chills, congestion, cough, sob; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
</tr>
<tr>
<td>Hematologist/Oncologist</td>
<td>Approval</td>
<td>71250 CT CHEST, THORAX</td>
<td>Pt has known history of breast cancer, f/u scans; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
</tr>
<tr>
<td>Hematologist/Oncologist</td>
<td>Approval</td>
<td>71250 CT CHEST, THORAX</td>
<td>Restage breast and lung cancer after completion of treatment to evaluate if more therapy is needed.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
</tr>
</tbody>
</table>
Hematologist/Oncologist Approval 71250 CT CHEST, THORAX

RESTAGING LYMPHOMA; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist 1

Hematologist/Oncologist Approval 71250 CT CHEST, THORAX

RESTAGING BREAST CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist 1

Hematologist/Oncologist Approval 71250 CT CHEST, THORAX

RESTAGING CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist 1

Hematologist/Oncologist Approval 71250 CT CHEST, THORAX

RESTAGING LEUKEMIA; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist 1

Hematologist/Oncologist Approval 71250 CT CHEST, THORAX

RESTAGING LYMPHOMA AND PROSTATE CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist 1

Hematologist/Oncologist Approval 71250 CT CHEST, THORAX

RESTAGING MELANOMA; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist 1

Hematologist/Oncologist Approval 71250 CT CHEST, THORAX
destaging Pancreatic Cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. 1

Hematologist/Oncologist Approval 71250 CT CHEST, THORAX

RESTAGING SCANS; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist 1

Hematologist/Oncologist Approval 71250 CT CHEST, THORAX

Restaging; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. 1

Hematologist/Oncologist Approval 71250 CT CHEST, THORAX

There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist 1

Hematologist/Oncologist Approval 71250 CT CHEST, THORAX

There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist 493

Hematologist/Oncologist Approval 71250 CT CHEST, THORAX

There is radiologic evidence of non‐resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT 1

Hematologist/Oncologist Approval 71250 CT CHEST, THORAX

Tonsillectomy of the left neck.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. 1

Hematologist/Oncologist Approval 71250 CT CHEST, THORAX

Unexplained weight loss describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT 1

Hematologist/Oncologist Approval 71250 CT CHEST, THORAX

Unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. 1

Hematologist/Oncologist Approval 72150 CT CHEST, THORAX

275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONT RAST

ASSESS PE; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography. 1
There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist

This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist

This study is being ordered for a known tumor.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; This is a request for a chest MRI.

There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist

This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is suspicion of lumbar spine neoplasm, tumor or metastasis.; Yes this is a request for a Diagnostic CT.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain.; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.

The patient is presenting new symptoms.; This study is being ordered for follow-up.; This is a request for cervical spine MRI.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; Known Tumor with or without metastasis
There are 2 exams being ordered; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist

There are 3 exams being ordered; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.

This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.

This is a request for cervical spine MRI; There is no evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis

This is a request for cervical spine MRI; There is evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis

This study is being ordered for a metastatic disease.; There are 3 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Pt suffers with mass on the T Spine with a history Ewing sarcoma; Lumbar S weakness in legs with a neuro defect.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.

The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.

The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; This is a request for a thoracic spine MRI.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.;"; The study is being ordered due to known tumor with or without metastasis.

There are 2 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist
There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist.

This is a request for a thoracic spine MRI.; There is evidence of tumor or metastasis on a bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.

This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; This is a request for a thoracic spine MRI.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.

The study requested is a Lumbar Spine MRI.; There is no evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis.

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above.

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above.

The study requested is a Lumbar Spine MRI.; Low back pain, uncomplicated, looking for compression fractures, on long term steroid use.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.

The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Known or suspected tumor with or without metastasis.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection.</td>
<td></td>
</tr>
<tr>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine.</td>
<td></td>
</tr>
<tr>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality.</td>
<td></td>
</tr>
<tr>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>The study requested is a Lumbar Spine MRI.; There is evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis.</td>
<td></td>
</tr>
<tr>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>The study requested is a Lumbar Spine MRI.; This study is being ordered for staging.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist. There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist.</td>
<td></td>
</tr>
<tr>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>The study requested is a Lumbar Spine MRI.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; &quot;The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient.&quot;; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT.</td>
<td></td>
</tr>
<tr>
<td>72192 CT PELVIS WITHOUT CONTRAST</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered due to known or suspected vascular disease.; The ordering physician is not a surgeon or PCP who is ordering on behalf of a surgeon who has seen the patient.; There is plain film, ultrasound or Doppler evidence of a vascular abnormality.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT; The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; &quot;The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient.&quot;; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT.</td>
<td></td>
</tr>
<tr>
<td>72192 CT PELVIS WITHOUT CONTRAST</td>
<td>There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist.</td>
<td></td>
</tr>
<tr>
<td>72192 CT PELVIS WITHOUT CONTRAST</td>
<td>There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist.</td>
<td></td>
</tr>
<tr>
<td>72196 MRI PELVIS</td>
<td>This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.</td>
<td></td>
</tr>
<tr>
<td>72196 MRI PELVIS</td>
<td>This is a request for a Pelvis MRI.; The request is not for any of the listed indications.</td>
<td></td>
</tr>
</tbody>
</table>
Enter answer here - or Type In Unknown IF MRI bilateral kidneys on rtc - abnormality seen on PET scan No Info Given.; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.

There are 2 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, ECT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist

There are 3 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, ECT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist

This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?

There are 2 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, ECT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist

The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.

There are 2 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, ECT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist

There are 3 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, ECT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.

The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The patient has not had recent plain films of the shoulder.; The patient has not had a recent CT of the shoulder.

The requested study is a Shoulder MRI.; The pain is described as chronic.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

The requested study is a Shoulder MRI.; This study is being ordered for Known Tumor.; The ordering physician is an oncologist or orthopedist.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.

The requested study is a Shoulder MRI.; This study is being ordered for Known Tumor.; The ordering physician is an oncologist or orthopedist.; This study is being ordered for staging.

There are 2 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, ECT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist

There are 3 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, ECT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist
<table>
<thead>
<tr>
<th>Hematologist/Oncologist</th>
<th>Approval</th>
<th>Procedure Code</th>
<th>Procedure Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>73700 CT LEG OR LOWER EXTREMITY</td>
<td>There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td>This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is a suspicion of an infection.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td>This is a request for a Knee MRI.; The patient has had recent plain films of the knee.; The plain films were normal.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td>This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested to detect residual cancer after a course of treatment has been completed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td>This is a request for a lower extremity MRI.; There is a pulsatile mass.; &quot;There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI.&quot;; There is a suspicion of an infection.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>73720 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT</td>
<td>This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested to detect residual cancer after a course of treatment has been completed?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: The entries are ordered by code number and follow a structured format where each row represents a different examination type and its related conditions and context.
Hematologist/Oncologist Approval
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist.

Hematologist/Oncologist Approval
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
This is a request for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.

Hematologist/Oncologist Approval
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.

Hematologist/Oncologist Approval
74150 CT ABDOMEN WITHOUT CONTRAST
; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Hematologist/Oncologist Approval
74150 CT ABDOMEN WITHOUT CONTRAST
This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &Rx0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &Rx0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT.

Hematologist/Oncologist Approval
74150 CT ABDOMEN WITHOUT CONTRAST
DIFFUSE LARGE B CELL LYMPHOMA WITH SLIGHT ENLARGEMENT OF MESENTERIC LYMPH NODE AND ADDITIONAL LYMPH NODES ALSO IDENTIFIED IF EHT MESENTER.
PT HAS COMPLETED 6 CYCLES OF EPOCH-R.; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; No, there is not an abdominal and pelvic or retroperitoneal mass that has been confirmed.; Yes this is a request for a Diagnostic CT.
Enter answer here - or Type In Unknown If Patient Name: Max Davis
DOB: 04/17/1965
MRN: 927130
Provider: Jamie Burton
This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, abscess, colitis and inflammatory bowel disease.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT
EVALUATE LIVER LESIONS; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT
patient has known lung cancer of the left lung and is experiencing new signs and symptoms. ct scan needed to re-evaluate pt for recurrence; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist
There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist
This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for new symptoms including hematuria, presenting with known cancer or tumor.; Yes this is a request for a Diagnostic CT
This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is a request for initial staging of a known tumor other than prostate.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT
This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for a Diagnostic CT
This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; It is not known if there is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Yes this is a request for a Diagnostic CT
This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT
THROMBOCYTOPENIA, chronic viral hepatitis; This is a request for an Abdomen CT;
This study is being ordered for a suspicious mass or tumor; There is no suspicious
mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy; It is
not known if there are new symptoms including hematuria; There are no new lab
results or other imaging studies including ultrasound, Doppler or plain films findings;
There is not a suspicion of an adrenal mass; This is not a request to confirm a
suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound; Yes
this is a request for a Diagnostic CT
1

Hematologist/Oncologist Approval
74150 CT ABDOMEN WITHOUT CONTRAST
1

Hematologist/Oncologist Approval
74150 CT ABDOMEN WITHOUT CONTRAST

Tonsillectomy of the left neck; One of the studies being ordered is a Breast MRI, CT
Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
1

Hematologist/Oncologist Approval
74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST RAST

There are 2 exams are being ordered; One of the studies being ordered is NOT a
Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering
MDs specialty is Hematologist/Oncologist
1

Hematologist/Oncologist Approval
74175 CT ANGIOGRAPHY ABDOMEN

Yes, this is a request for CT Angiography of the abdomen.
1

Hematologist/Oncologist Approval
74176 CT ABD & PELVIS W/O CONTRAST

1. High grade NHL involving left kidney and regional lymph nodes with discordant
histology diagnosed April 2017. Stage IIAE. CNS score = 2 = Intermediate risk
1

Hematologist/Oncologist Approval
74176 CT ABD & PELVIS W/O CONTRAST

abdominal pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy,
EBCT, MRS, PET Scan, or Unlisted CT/MRI; The study is being ordered for acute
pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal
exam was performed.; Yes this is a request for a Diagnostic CT
1

Hematologist/Oncologist Approval
74176 CT ABD & PELVIS W/O CONTRAST

1.  CT of the abdomen and pelvis April 7, 2017 at Wadley Regional Medics; One of the studies being ordered is a Breast MRI,
CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
1

Hematologist/Oncologist Approval
74176 CT ABD & PELVIS W/O CONTRAST

1. CT of the abdomen and pelvis April 7, 2017 at Wadley Regional Medics; One of the studies being ordered is a Breast MRI,
CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
1
<table>
<thead>
<tr>
<th>Hematologist/Oncologist</th>
<th>Approval</th>
<th>74176 CT ABD &amp; PELVIS W/O CONTRAST</th>
<th>74176 CT ABD &amp; PELVIS W/O CONTRAST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuation of care for Lymphoma. Patient here today for a 3 month follow up.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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<tr>
<td>Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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<tr>
<td>DLBCL with CNS involvement; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist</td>
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<tr>
<td>ENTENSIVE STAGE SCLC RESTAGING AFTER OR DURING TREATMENT; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist</td>
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<tr>
<td>Malignant melanoma of right upper limb, including shoulder; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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<tr>
<td>Malignant neoplasm of upper lobe, left bronchus or lung; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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<tr>
<td>Patient has carcinoid tumors of the stomach and liver Ct scan needed to evaluate recurrence of cancer and if treatment needs to be changed. patient also having chronic sinusitis that has been present for over 1 month. needs ct scan to evaluate cause and de; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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<tr>
<td>Patient with history of anemia presents with unexplained weight loss of over 40 lbs in the last 2-3 months. needs further evaluation to determine cause.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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<tr>
<td>Pt has known history of breast cancer, f/u scans; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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</tbody>
</table>
RESTAGING CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist.

RESTAGING LEUKEMIA; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist.

RESTAGING LYMPHOMA AND PROSTATE CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist.

RESTAGING LYMPHOMA; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist.

RESTAGING MELANOMA; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist.

restaging Pancreatic Cancer; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

RESTAGING SCANS; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist.

There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist.

There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist.
This is a request for an abdomen-pelvis CT combination; A urinalysis has been completed; This study is being requested for abdominal and/or pelvic pain; The results of the urinalysis were normal; The study is being ordered for chronic pain; This is the first visit for this complaint; It is unknown if the patient had an Amylase or Lipase lab test; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination; A urinalysis has not been completed; This study is being requested for abdominal and/or pelvic pain; It is not known if the pain is acute or chronic; This is the first visit for this complaint; It is unknown if the patient had an Amylase or Lipase lab test; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination; It is not known if a urinalysis has been completed; This study is being requested for abdominal and/or pelvic pain; It is not known if the pain is acute or chronic; This is the first visit for this complaint; It is unknown if the patient had an Amylase or Lipase lab test; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination; The hematuria is due to tumor or mass; This study is not being requested for abdominal and/or pelvic pain; The study is requested for hematuria; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination; The reason for the study is known tumor; This study is being ordered for staging; This study is not being requested for abdominal and/or pelvic pain; The study is not requested for hematuria; The patient is female; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination; The reason for the study is known tumor; This study is being ordered for follow-up; The patient is presenting new symptoms; This study is not being requested for abdominal and/or pelvic pain; The study is not requested for hematuria; The patient is female; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination; The reason for the study is none of the listed reasons; It is not know if this study is being requested for abdominal and/or pelvic pain; The study is not requested for hematuria; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination; The study is not being requested for abdominal and/or pelvic pain; The study is not requested for hematuria; Yes this is a request for a Diagnostic CT
This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT 1

This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT 2

This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not known if the patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT 1

This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; The study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT 2

This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT 1

This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; The study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT 2

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT 1

This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT 1

This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; indeterminate CT abd/pel done on 11/13/2016; physician is requesting follow up; Yes this is a request for a Diagnostic CT 1
This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; Yes this is a request for a Diagnostic CT
<table>
<thead>
<tr>
<th>Hematologist/Oncologist</th>
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<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT</td>
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</tr>
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<td>Hematologist/Oncologist</td>
<td>Approval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Hematologist/Oncologist</td>
<td>Approval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
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<td>Unknown; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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</tr>
<tr>
<td>Hematologist/Oncologist</td>
<td>Approval</td>
<td>74181 MRI ABDOMEN</td>
</tr>
<tr>
<td>This request is for an Abdomen MRI.; This study is being ordered for known or suspected vascular disease.; The ordering physician is not a surgeon.; There are plain film or ultrasound evidence of vascular abnormality.; Enter answer here - or Type in Unknown if Hemochromatosis, evaluate iron deposition.× o Info Given.</td>
<td>1</td>
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</tr>
<tr>
<td>Hematologist/Oncologist</td>
<td>Approval</td>
<td>74181 MRI ABDOMEN</td>
</tr>
<tr>
<td>This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; It is not known if the study is for follow up or staging.; The patient had chemotherapy, radiation therapy or surgery in the last 3 months.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Hematologist/Oncologist</td>
<td>Approval</td>
<td>74181 MRI ABDOMEN</td>
</tr>
<tr>
<td>This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; &quot;The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon. &quot;;</td>
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<td></td>
</tr>
<tr>
<td>Hematologist/Oncologist</td>
<td>Approval</td>
<td>74181 MRI ABDOMEN</td>
</tr>
<tr>
<td>This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; &quot;The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon. &quot;; pt is undergoing sandostatin therapy</td>
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<tr>
<td>Hematologist/Oncologist</td>
<td>Approval</td>
<td>74181 MRI ABDOMEN</td>
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<tr>
<td>This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; The patient is not undergoing active treatment for cancer.; &quot;The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon. &quot;; ABD SPASMS</td>
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</tr>
<tr>
<td>Hematologist/Oncologist</td>
<td>Approval</td>
<td>74181 MRI ABDOMEN</td>
</tr>
<tr>
<td>This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; The patient is not undergoing active treatment for cancer.; &quot;The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon. &quot;; NEW LIVER LESIONS SEEN ON CT SCANS</td>
<td>1</td>
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</tbody>
</table>
This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.", RESTAGING 1
This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient had chemotherapy, radiation therapy or surgery in the last 3 months. 1
This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";
This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; MRI abdomen to assess response to Sorafenib for hepatocellular carcinoma. 1
This request is for an Abdomen MRI.; This study is being ordered for staging. 1
This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";
This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";
This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";
This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study.; 1.3 CM MASS IN RIGHT LOBE OF LIVER WHICH IS SUSPICIOUS FOR HEPATOCELULAR CARCINOMA."
This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study.; 2 small hyperechoic lesions within the right lobe of the liver, indeterminate on this exam. With patient's history of breast cancer,
"&#x0D; follow-up with contrast-enhanced MR of the liver would be suggested"&#x0D; for further evaluation.
This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study.; ABNORMALITY SEEN ON CT OF LIVER. FURTHER EVAL NEEDED"
This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study.; CT ABD/PELVIS 09.16.17: interval enlargement of multiple soft tissue nodules scattered"&#x0D; throughout the abdomen and pelvis. The largest of the nodules is seen"&#x0D; in the pelvic cul-de-sac measuring up to 5.2 cm in transverse diameter"&#x0D; compared to 3.0 cm on t
This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/metastasis; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; FOLLOW UP TO ABNORMALITY SEEN ON CT

This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/metastasis; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; FOLLOW UP TO ABNORMALITY SEEN ON CT

This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/metastasis; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; LIVER METS IN BOTH LOBES OF LIVER

This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/metastasis; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; NEW LIVER LESIONS SEEN ON CT

This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/metastasis; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; FDG activity on liver

This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/metastasis; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; indeterminate 1.4cm ring enhancing lesion in segment VII of the liver. 2 simple cysts are present as well.

This request is for an Abdomen MRI; This study is being ordered for suspicious mass or suspected tumor/metastasis; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study."; REEVALUATION OF KIDNEY LESIONS

This request is for an Abdomen MRI; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Enter answer here - or Type In Ginny has an interesting array of problems. Indisputably, she does have homozygous trait for hemochromatosis. On the other hand, her ferritins have been in the 38 to 50 range, which makes it pretty unlikely that she has
This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; RUQ PAIN

This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; sickle cell disease, abnormal TCD

This is a request for a heart or cardiac MRI

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; No, the results of this MRI (size and shape of tumor) affect the patient’s further management.

; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).

; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.

Breast MRI consistent with fat necrosis and post surgical changes. There is one area which they found indeterminate and repeated MRI in 3 months which was stable. Repeat MRI planned in one year.; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.

Carcinoma in situ of breast; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.

Last MGM in 2016 no MRI since 2013-pt with history of breast cancer.; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.
<table>
<thead>
<tr>
<th>Hematologist/Oncologist</th>
<th>Approval</th>
<th>77058 MRI breast, without and/or with contrast material(s); unilateral</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>This is a request for Breast MRI; This study is being ordered for a known history of breast cancer.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.</td>
</tr>
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<td></td>
<td>This is a request for Breast MRI; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>This is a request for Breast MRI; This study is being ordered as a screening examination following genetic testing for breast cancer.; Yes, the patient have a known mutation such as BRCA1, BRCA2, PTEN or TP53.; It is unknown if the patient has a lifetime risk score of greater than 20.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>This is a request for Breast MRI; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; Yes, this patient have axillary node adenocarcinoma.; Yes, the Breast Mammogram and physical examination is otherwise normal.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>This is a request for Breast MRI; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>This is a request for Breast MRI; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.</td>
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<tr>
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<td>Tina Wilk is a 62 year old female who has previously been followed at Highlands Oncology Group for breast cancer but has not been seen since 2000; She was originally diagnosed in October 2006 in Dallas, TX with T1c N2 M0 infiltrating ductal carcinoma. Sh; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.</td>
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<td>; This is a request for an MRI Bone Marrow.</td>
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<tr>
<td></td>
<td></td>
<td>restaging after chemo; This is a request for an MRI Bone Marrow.</td>
</tr>
</tbody>
</table>
There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist

There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist

INITIAL STAGING SCANS; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Initial staging for PET and MUGA pre chemotherapy evaluation.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Newly diagnosed Mantle Cell, Scan is for staging and for high dose chemotherapy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist

There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The last MUGA scan was performed more than 3 months ago.;

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The last MUGA scan was performed more than 3 months ago.;

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The last MUGA scan was performed more than 3 months ago.;

There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The last MUGA scan was performed more than 3 months ago.;

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The last MUGA scan was performed more than 3 months ago.;

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This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The last MUGA scan was performed more than 3 months ago.;

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient has not had a previous MUGA scan.;

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient has not had a previous MUGA scan.;

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This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient has not had a previous MUGA scan.;

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient has not had a previous MUGA scan.;

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient has not had a previous MUGA scan.;

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient has not had a previous MUGA scan.;

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient has not had a previous MUGA scan.;

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This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient has not had a previous MUGA scan.;

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient has not had a previous MUGA scan.;

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient has not had a previous MUGA scan.;

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient has not had a previous MUGA scan.;

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient has not had a previous MUGA scan.;

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient has not had a previous MUGA scan.;

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient has not had a previous MUGA scan.;

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient has not had a previous MUGA scan.;

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient has not had a previous MUGA scan.;

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient has not had a previous MUGA scan.;

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient has not had a previous MUGA scan.;

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient has not had a previous MUGA scan.;
This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient has not had a previous MUGA scan.; Patient starting high dose chemotherapy.

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.;

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; The patient has completed chemotherapy. This scan is being done prior to Stem Cell Transplant.

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; Restaging post chemotherapy, prior to Stem Cell Transplant.

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.;

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; TOXIC CHEMO
This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; Breast Cancer, right axilla node palpated. ; premenopausal; invasive ductal carcinoma, ER/PR positive, HER-2 pending; 5 cm right breast cancer; will start neoadjuvant chemotherapy with ddAC x 4, Taxol weekly x 12, surgery, followed by (+/-) radiation.

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; Cisplatin, cytoxin, Adriamycin regimen. Need for Muga scan to evaluate prior to chemotherapy initiation of cardiotoxic drugs.

This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.; Patient will start chemotherapy ASAP with the CHOP-R regimen (rituximab, cyclophosphamide, doxorubicin, vincristine and mesna). These drugs may cause cardiotoxicity and a muga scan is needed to evaluate cardiac function.

This is a request for a MUGA scan.; This study is being ordered for Suspected Cardiomyopathy/ Myocarditis.; The patient has not recently been diagnosed with and/or treated for congestive heart failure.; The patient is presenting new cardiac signs or symptoms.; The patient has not had a recent MI.; There are not documented clinical findings consistent with a valve disease.; There are documented clinical findings consistent with hypertension.; EXTREME SWELLING AND SOB
This is a request for a MUGA scan.; This study is being ordered for Suspected Cardiomyopathy/ Myocarditis.; The patient has not recently been diagnosed with and/or treated for congestive heart failure.; The patient is presenting new cardiac signs or symptoms.; The patient has not had a recent MI.; There are not documented clinical findings consistent with a valve disease.; There are no documented clinical findings consistent with hypertension.; There are no documented clinical findings consistent with a cardiac congenital abnormality.; Dyspnea on exertion, irregular heart beat, fatigue and hot flashes.; Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.  

Hematologist/Oncologist Approval 78472 CARDIAC OR HEART BLOOD POOL IMAGING 

Hematologist/Oncologist Approval 78813 PET IMAGING WHOLE BODY 

Hematologist/Oncologist Approval 78813 PET IMAGING WHOLE BODY 

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Hematologist/Oncologist Approval 78813 PET IMAGING WHOLE BODY
This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made); This study is being requested for Lymphoma or Myeloma.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made); This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; It is unknown if the patient completed a course of treatment initiated in the last 8 weeks or are experiencing new signs, symptoms or a rising CEA.; This is NOT a Medicare member.
This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.

Hematologist/Oncologist Approval 78813 PET IMAGING WHOLE BODY

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.

Hematologist/Oncologist Approval 78813 PET IMAGING WHOLE BODY

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs, symptoms or a rising CEA.; This is NOT a Medicare member.

Hematologist/Oncologist Approval 78813 PET IMAGING WHOLE BODY

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.

Hematologist/Oncologist Approval 78813 PET IMAGING WHOLE BODY

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.

Hematologist/Oncologist Approval 78813 PET IMAGING WHOLE BODY

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.

Hematologist/Oncologist Approval 78813 PET IMAGING WHOLE BODY

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.

Hematologist/Oncologist Approval 78813 PET IMAGING WHOLE BODY

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.

Hematologist/Oncologist Approval 78813 PET IMAGING WHOLE BODY

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.

Hematologist/Oncologist Approval 78813 PET IMAGING WHOLE BODY

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.
This is a request for a Tumor Imaging PET Scan; this study is being ordered for subsequent treatment.; this study is being requested for Lymphoma or Myeloma.;
the patient completed a course of treatment initiated within the last 8 weeks.; 2 PET scans have already been performed on this patient for this cancer.; this is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; this study is being ordered for subsequent treatment.; this study is being requested for Lymphoma or Myeloma.;
the patient completed a course of treatment initiated within the last 8 weeks.; 3 PET scans have already been performed on this patient for this cancer.; this is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; this study is being ordered for subsequent treatment.; this study is being requested for Lymphoma or Myeloma.;
the patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET scans have already been performed on this patient for this cancer.; this is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; this study is being ordered for subsequent treatment.; this study is being requested for Melanoma.; the patient completed a course of treatment initiated within the last 8 weeks.; 2 PET scans have already been performed on this patient for this cancer.; this is NOT a Medicare member.

Enter answer here - or Type In Unknown If No Info Given.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Enter answer here - or Type In Unknown If No Info Given.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

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Enter answer here - or Type In Unknown If No Info Given.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
<table>
<thead>
<tr>
<th>Hematologist/Oncologist</th>
<th>Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY</td>
<td>RESTAGING DURING ONGOING TREATMENT; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist 1</td>
</tr>
<tr>
<td>78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY</td>
<td>RESTAGING LUNG CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist 1</td>
</tr>
<tr>
<td>78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY</td>
<td>RESTAGING METASTATIC NSCLC; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist 1</td>
</tr>
<tr>
<td>78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY</td>
<td>There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist 2</td>
</tr>
<tr>
<td>78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY</td>
<td>There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist 6</td>
</tr>
<tr>
<td>78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY</td>
<td>This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.</td>
</tr>
<tr>
<td>78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY</td>
<td>This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was NOT identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.</td>
</tr>
<tr>
<td>78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY</td>
<td>This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.</td>
</tr>
<tr>
<td>78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY</td>
<td>This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.</td>
</tr>
<tr>
<td>78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY</td>
<td>This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This is NOT a Medicare member.</td>
</tr>
<tr>
<td>78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY</td>
<td>This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.</td>
</tr>
<tr>
<td>78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY</td>
<td>This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Melanoma.; This is NOT a Medicare member.</td>
</tr>
</tbody>
</table>
This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Ovarian or Esophageal Cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a diagnostic/lab test.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Colo-rectal Cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a more than 1 of the following; diagnostic test, imaging study, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Colo-rectal Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lymphoma or Myeloma.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.

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This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made); This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA; This study is being requested for Colo-rectal Cancer; 1 PET Scans has already been performed on this patient for this cancer; This is NOT a Medicare member.

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This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made); This study is being requested for Lung Cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made); This study is being requested for Lung Cancer.; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.

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This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made); This study is being requested for Ovarian or Esophageal Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made); This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.
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This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.

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This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.

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This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.

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This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; The patient does NOT have Thyroid or Brain cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; The patient does NOT have Thyroid or Brain cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; The patient does NOT have Thyroid or Brain cancer.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; The patient does NOT have Thyroid or Brain cancer.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.
This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient had a thyroidectomy and radioiodine ablation.; The patient does NOT have a serum thyroglobulin level greater than 10ng/mL.; The patient has Thyroid cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient is experiencing new signs or symptoms indicating a recurrence of cancer.; The patient does NOT have Thyroid or Brain cancer.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; The patient does NOT have Thyroid or Brain cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; It is unknown if the patient has been diagnosed with small cell or non small cell lung cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.

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<td>This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient has completed a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; This is NOT a Medicare member.</td>
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<td>This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with small cell lung cancer.; This is NOT a Medicare member.</td>
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<td>This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.</td>
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This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient completed a course of treatment initiated within the last 8 weeks.; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 5 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Melanoma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 6 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.
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<tr>
<td>78816</td>
<td>PET IMAGING FOR CT ATTENUATION WHOLE BODY</td>
<td>This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.</td>
<td>4</td>
</tr>
<tr>
<td>78816</td>
<td>PET IMAGING FOR CT ATTENUATION WHOLE BODY</td>
<td>This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; There is NOT existing evidence of metastasis or other tumor in the body.; There is a head and/or neck tumor that has been persistent over 3 months.; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.</td>
<td>1</td>
</tr>
<tr>
<td>78816</td>
<td>PET IMAGING FOR CT ATTENUATION WHOLE BODY</td>
<td>This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.</td>
<td>2</td>
</tr>
<tr>
<td>78816</td>
<td>PET IMAGING FOR CT ATTENUATION WHOLE BODY</td>
<td>This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.</td>
<td>3</td>
</tr>
<tr>
<td>78816</td>
<td>PET IMAGING FOR CT ATTENUATION WHOLE BODY</td>
<td>This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.</td>
<td>4</td>
</tr>
<tr>
<td>93307</td>
<td>TTHRC R-T IMG 2D +M-MODE REC COMPL</td>
<td>This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.</td>
<td>1</td>
</tr>
<tr>
<td>93307</td>
<td>TTHRC R-T IMG 2D +M-MODE REC COMPL</td>
<td>This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.</td>
<td>2</td>
</tr>
<tr>
<td>93307</td>
<td>TTHRC R-T IMG 2D +M-MODE REC COMPL</td>
<td>This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.</td>
<td>1</td>
</tr>
<tr>
<td>93307</td>
<td>TTHRC R-T IMG 2D +M-MODE REC COMPL</td>
<td>This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient.</td>
<td>1</td>
</tr>
</tbody>
</table>
This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.

Density 0.4 x 0.7 cm; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.

This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; The patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.

There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist

This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient requires evaluation for a congenital defect of the pancreatic or biliary tract.

This is a request for a brain/head CT.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.

This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.

This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are NO documented neurologic findings suggesting a primary brain tumor.

This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.

Patient has carcinoid tumors of the stomach and liver Ct scan needed to evaluate recurrence of cancer and if treatment needs to be changed. patient also having chronic sinusitis that has been present for over 1 month. needs ct scan to evaluate cause and de; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
<table>
<thead>
<tr>
<th>Hematologist/Oncologist</th>
<th>Disapproval</th>
<th>70486 CT SINUS, FACE, JAW, MANDIBLE, MA</th>
<th>Radiology Services Denied</th>
<th>This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hematologist/Oncologist</td>
<td>Disapproval</td>
<td>70490 CT NECK SOFT</td>
<td>Radiology Services Denied</td>
<td>This is a request for a Neck CT.; There is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>Hematologist/Oncologist</td>
<td>Disapproval</td>
<td>70486 CT SINUS, FACE, JAW, MANDIBLE, MA</td>
<td>Radiology Services Denied</td>
<td>This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>Hematologist/Oncologist</td>
<td>Disapproval</td>
<td>70490 CT NECK SOFT</td>
<td>Radiology Services Denied</td>
<td>This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>Hematologist/Oncologist</td>
<td>Disapproval</td>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>Radiology Services Denied</td>
<td>This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.</td>
<td>1</td>
</tr>
<tr>
<td>Hematologist/Oncologist</td>
<td>Disapproval</td>
<td>70540 MRI ORBIT/FACE/NECK W/O DYE</td>
<td>Radiology Services Denied</td>
<td>&quot;The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient.&quot;; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
<td>2</td>
</tr>
<tr>
<td>Hematologist/Oncologist</td>
<td>Disapproval</td>
<td>71250 CT CHEST, THORAX</td>
<td>Radiology Services Denied</td>
<td>Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT</td>
<td>2</td>
</tr>
<tr>
<td>Hematologist/Oncologist</td>
<td>Disapproval</td>
<td>Procedure Code</td>
<td>Radiology Services Denied</td>
<td>Description</td>
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<td>71250 CT CHEST, THORAX</td>
<td>Not Medically Necessary</td>
<td>Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT cancer; There are 4 exams are being ordered.; One of the studies being ordered is not a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist.</td>
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<td>71250 CT CHEST, THORAX</td>
<td>Not Medically Necessary</td>
<td>Chest pain describes the reason for this request.; Known tumor and new symptoms involving the chest, chest wall, lung or pelvis is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT.</td>
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<td>71250 CT CHEST, THORAX</td>
<td>Not Medically Necessary</td>
<td>'None of the above' describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT.</td>
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<td>71250 CT CHEST, THORAX</td>
<td>Not Medically Necessary</td>
<td>'None of the above' describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT.</td>
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<td>71250 CT CHEST, THORAX</td>
<td>Not Medically Necessary</td>
<td>'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT.</td>
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<td>71250 CT CHEST, THORAX</td>
<td>Not Medically Necessary</td>
<td>Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT.</td>
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<td></td>
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<td>71250 CT CHEST, THORAX</td>
<td>Not Medically Necessary</td>
<td>RESTAGING DURING ONGOING TREATMENT; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist.</td>
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<td>71250 CT CHEST, THORAX</td>
<td>Not Medically Necessary</td>
<td>RESTAGING LUNG CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist.</td>
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<td></td>
<td>71250 CT CHEST, THORAX</td>
<td>Not Medically Necessary</td>
<td>RESTAGING METASTATIC NSCLC; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist.</td>
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<td>71250 CT CHEST, THORAX</td>
<td>Not Medically Necessary</td>
<td>RESTAGING SCANS THYROID CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist.</td>
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<td></td>
<td>71250 CT CHEST, THORAX</td>
<td>Not Medically Necessary</td>
<td>Surveillance of lung cancer.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist.</td>
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<td></td>
<td></td>
<td>71250 CT CHEST, THORAX</td>
<td>Not Medically Necessary</td>
<td>There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist.</td>
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<td></td>
<td></td>
<td>71250 CT CHEST, THORAX</td>
<td>Not Medically Necessary</td>
<td>There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist.</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Radiology Services</td>
<td>Decision</td>
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<tr>
<td>72125</td>
<td>CT CERVICAL SPINE, NECK SPINE NO CONTRAST</td>
<td>Not Medically Necessary</td>
<td>Disapproval</td>
<td></td>
<td></td>
</tr>
<tr>
<td>72141</td>
<td>MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
<td>Not Medically Necessary</td>
<td>Disapproval</td>
<td></td>
<td></td>
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<tr>
<td>72146</td>
<td>MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST</td>
<td>Not Medically Necessary</td>
<td>Disapproval</td>
<td></td>
<td></td>
</tr>
<tr>
<td>72148</td>
<td>MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>Not Medically Necessary</td>
<td>Disapproval</td>
<td></td>
<td></td>
</tr>
<tr>
<td>72196</td>
<td>MRI PELVIS</td>
<td>Not Medically Necessary</td>
<td>Disapproval</td>
<td></td>
<td></td>
</tr>
<tr>
<td>73720</td>
<td>MRI JOINT OF LOWER EXTREMITY, OTHER THAN JOINT R/O METS WITH HISTORY OF BREAST CANCER</td>
<td>Not Medically Necessary</td>
<td>Disapproval</td>
<td></td>
<td></td>
</tr>
<tr>
<td>74150</td>
<td>CT ABDOMEN WITHOUT CONTRAST</td>
<td>Not Medically Necessary</td>
<td>Disapproval</td>
<td></td>
<td></td>
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<tr>
<td>74176</td>
<td>CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Not Medically Necessary</td>
<td>Disapproval</td>
<td></td>
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</tbody>
</table>

MRI: SPINE/PELVIS DONE 08.17.17:
IN THE CERVICAL SPINE, NO NEW COLLAPSE COMPRESSION IS SEEN. NO DOMINANT BONY FOCAL LESION IS SEEN.
STABLE MULTILEVEL DEGENERATIVE CHANGES ARE SEEN WITH MILD GRADE 1 ANTEROLISTHESIS AT C4-CS AND CS-CS LEVELS AND MILD RETR.

This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.

There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist.

This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease? 1

This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; There is no suspected meniscus, pre-op or post-op evaluation, non-acute Chronic Pain, suspected tumor or Aseptic Necrosis; There is no symptom of locking, Instability, Swelling, Redness, Limited range of motion or pain.; No, patient has not completed and failed a course of conservative treatment. 1

This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This study is not for initial staging of a known tumor other than prostate.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; Yes, there is a is there an abdominal and pelvic or retroperitoneal or abdominal mass that has been confirmed.; Yes this is a request for a Diagnostic CT 1
<table>
<thead>
<tr>
<th>Hematologist/Oncologist</th>
<th>Disapproval</th>
<th>Procedure Code</th>
<th>Code Description</th>
<th>Reason for Requested Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>74176 CT ABD &amp; PELVIS</td>
<td>W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>RESTAGING DURING ONGOING TREATMENT; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist</td>
<td>1</td>
</tr>
<tr>
<td>74176 CT ABD &amp; PELVIS</td>
<td>W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>RESTAGING LUNG CANCER; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist</td>
<td>1</td>
</tr>
<tr>
<td>74176 CT ABD &amp; PELVIS</td>
<td>W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>RESTAGING METASTATIC NSCLC; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist</td>
<td>1</td>
</tr>
<tr>
<td>74176 CT ABD &amp; PELVIS</td>
<td>W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>Surveillance of lung cancer.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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</tr>
<tr>
<td>74176 CT ABD &amp; PELVIS</td>
<td>W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist</td>
<td>13</td>
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<tr>
<td>74176 CT ABD &amp; PELVIS</td>
<td>W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist</td>
<td>6</td>
</tr>
<tr>
<td>74176 CT ABD &amp; PELVIS</td>
<td>W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT</td>
<td>2</td>
</tr>
<tr>
<td>74176 CT ABD &amp; PELVIS</td>
<td>W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>74176 CT ABD &amp; PELVIS</td>
<td>W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>74176 CT ABD &amp; PELVIS</td>
<td>W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
<td>2</td>
</tr>
<tr>
<td>74176 CT ABD &amp; PELVIS</td>
<td>W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>Hematologist/Oncologist</td>
<td>Disapproval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
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<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Hematologist/Oncologist</td>
<td>Disapproval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Hematologist/Oncologist</td>
<td>Disapproval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
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<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Hematologist/Oncologist</td>
<td>Disapproval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
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<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The ultrasound showed a pelvis mass.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Hematologist/Oncologist</td>
<td>Disapproval</td>
<td>76390 Mr spectroscopy 77058 MRI breast,without and/or with contrast material(s);unilateral 78472 CARDIAC OR HEART BLOOD POOL IMAGING</td>
<td>Radiology Services Denied Not Medically Necessary</td>
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<td>This is a request for MRS. nippe discharge; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Hematologist/Oncologist</td>
<td>Disapproval</td>
<td>78813 PET IMAGING WHOLE BODY</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Enter answer here - or Typ 1. Malignant neoplasm of right ovary - C56.1 (Primary) &amp;#x0D; 2. Secondary malignant neoplasm of retroperitoneum and peritoneum - C78.6 &amp;#x0D; 3. Secondary malignant neoplasm of left ovary - C79.62 &amp;#x0D; 4. Secondary malignant neoplasm of; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Hematologist/Oncologist</td>
<td>Disapproval</td>
<td>78813 PET IMAGING WHOLE BODY</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; This is NOT a Medicare member.</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Breast Cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.
This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member. 6

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member. 1

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member. 1

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; This is NOT a Medicare member. 4

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member. 1

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member. 2

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs, symptoms or a rising CEA.; This is NOT a Medicare member. 2

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member. 1

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; The patient does NOT have Thyroid or Brain cancer.; This is NOT a Medicare member. 1
This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment; This study is being requested for Lung Cancer; The patient has been diagnosed with non-small lung cancer; The patient is experiencing new signs or symptoms indicating a recurrence of cancer; 3 PET scans have already been performed on this patient for this cancer; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment; This study is being requested for Lung Cancer; The patient has been diagnosed with small cell lung cancer; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment; This study is being requested for Lymphoma or Myeloma; The patient is experiencing new signs or symptoms indicating a recurrence of cancer; More than 4 PET scans have already been performed on this patient for this cancer; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis; This study is being requested for Breast Cancer; This is NOT a Medicare member.

This is a request for an echocardiogram; This is a request for a Transthoracic Echocardiogram; This study is being ordered for another reason; The reason for ordering this study is unknown.

This is a request for an echocardiogram; This is a request for a Transthoracic Echocardiogram; This study is being ordered for Evaluation of Left Ventricular Function; The patient does not have a history of a recent heart attack or hypertensive heart disease.

This is a request for a Low Dose CT for Lung Cancer Screening; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months; The patient is 54 years old or younger; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic tests suggestive of lung cancer; Patients who are NOT between the ages of 55 and 81 years of age do not meet the criteria for lung cancer screening.

Screening for malignant neoplasm of respiratory tract - screening with LDCT since active tobacco user; This request is for a Low Dose CT for Lung Cancer Screening; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months; The patient is 54 years old or younger; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic tests suggestive of lung cancer; Patients who are NOT between the ages of 55 and 81 years of age do not meet the criteria for lung cancer screening.

&It; Enter answer here - Or Type in Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 11/1/17; There has been treatment or conservative therapy; weakness, dehydration, change in level of consciousness; iv fluids d/t being in observation, meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease.

This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for infection or inflammation.; This is a request for a Diagnostic CT.

This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for infection or inflammation.; This is a request for a Diagnostic CT.

This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for infection or inflammation.; This is a request for a Diagnostic CT.

This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for infection or inflammation.; This is a request for a Diagnostic CT.

This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for infection or inflammation.; This is a request for a Diagnostic CT.

This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for infection or inflammation.; This is a request for a Diagnostic CT.

This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for infection or inflammation.; This is a request for a Diagnostic CT.

This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for infection or inflammation.; This is a request for a Diagnostic CT.

This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for infection or inflammation.; This is a request for a Diagnostic CT.

This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for infection or inflammation.; This is a request for a Diagnostic CT.

This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for infection or inflammation.; This is a request for a Diagnostic CT.

This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for infection or inflammation.; This is a request for a Diagnostic CT.
There is no radiologic evidence of non-resolving pneumonia.; The patient is presenting new signs or symptoms.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient. "; 
"There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection. "; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT  

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection 

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality &It; Enter answer here - or Type In Unknown If No Info Given. &It; This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT  

CT is being ordered on behalf of Infectious Disease physician who would like to start treatment, but needs to see progress of abscess/cancer before beginning treatment.; The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is NOT an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT  

The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.  
This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT  

This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT  

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT  

This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MIPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.
<table>
<thead>
<tr>
<th>Service Description</th>
<th>Code</th>
<th>Approval/Disapproval</th>
<th>Reason for Approval/Disapproval</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>70551</td>
<td>Disapproval</td>
<td>Radiology Services Denied Not Medically Necessary; This study is being ordered for Inflammatory/Infectious Disease; There has been treatment or conservative therapy.; Memory loss, pain in sternoclavicular joints, and R shoulder. Fever up to 101F and polyarthritis.; Patient was diagnosed with psoriatic arthritis and Lupus erythematosus and was referred to us for joint pain that worsened with injected steroids. Patient sternoclavicular joint pain is worsening with normal chest xray and R shoulder xray. Patient has bee; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
<td>1</td>
</tr>
<tr>
<td>MRI CHEST</td>
<td>71550</td>
<td>Disapproval</td>
<td>Radiology Services Denied Not Medically Necessary; This study is being ordered for inflammatory disease.; The ordering physician is not a surgeon or pulmonologist.; There is radiologic evidence of non‐resolving pneumonia after at least 4 weeks of treatment.; This is a request for a chest MRI.</td>
<td>1</td>
</tr>
<tr>
<td>CT BRAIN, HEAD</td>
<td>70450</td>
<td>Approval</td>
<td>Domestic dispute, punched to the right side of face, headaches; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring. Fever, chills, little weight change, L ear pain, fell and hit back of her head about a month ago; This study is being ordered for trauma or injury.; 10/15/2017; There has not been any treatment or conservative therapy.; Head--headache, facial pain Neck--neck pain and a knot behind her ear; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
<td>4</td>
</tr>
<tr>
<td>CT BRAIN, HEAD</td>
<td>70450</td>
<td>Approval</td>
<td>Patient is having new onset of seizure activity; Numbness; Drawing of hands and feet.; This is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern. Patient states his headaches are constant pounding headaches with a pain level 8/10. Patient states he does have some blurred vision with the pain being on both sides of his head.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.</td>
<td>1</td>
</tr>
<tr>
<td>CT BRAIN, HEAD</td>
<td>70450</td>
<td>Approval</td>
<td>Patient was seen at clinic with mental status changes vertigo and nausea yesterday 12/13; This is a request for a brain/head CT.; This study is being requested for evaluation of a headache.; The headache is described as chronic or recurring. Pt has hypertension and numbness. He also is a former smoker and needs a CT chest for lung cancer screening; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. This is a request for a brain/head CT.; “There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness.”; This study is being requested for a recent head trauma or injury.</td>
<td>1</td>
</tr>
<tr>
<td>CT BRAIN, HEAD</td>
<td>70450</td>
<td>Approval</td>
<td>This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test. This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.</td>
<td>2</td>
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</table>
This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.

This is a request for a brain/head CT.; The patient has a headache involving the back of the head and the patient is over 55 years old; Headache best describes the reason that I have requested this test.

This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.

This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.

This is a request for a brain/head CT.; The patient has the worst headache of patient’s life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.

This is a request for a brain/head CT.; There is headache not improved by pain medications.; “There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness.”; This study is being requested for a headache.

This is a request for a brain/head CT.; There is not headache not improved by pain medications.; “There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness.”; This study is being requested for a headache.

This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The headache is not described as a “thunderclap” or the worst headache of the patient’s life.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.

This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; This study is being ordered for stroke or aneurysm.; This study is being ordered for screening for aneurysm or AVM.

This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT. 239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease."; Yes this is a request for a Diagnostic CT.

This is a request for face, jaw, mandible CT. 239.8"; "There is a history of serious facial bone or skull, trauma or injury."; Yes this is a request for a Diagnostic CT.

&amp;lt; Enter answer here - or Type In Unknown If No Info Given. &amp;gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
Internal Medicine Approval

70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST

Internal Medicine Approval

70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST

Internal Medicine Approval

70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST

Internal Medicine Approval

70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST

Internal Medicine Approval

70490 CT NECK SOFT TISSUES,LARYNX,THYROID ETC. NO CONTRAST

Allergic rhinitis - failed allergra xclaritin zyrtec zysol & oxod; has pets cows horses cow cat dog all outside & oxod; add atrovent ns. oxod; 64 year old female presenting to the clinic today for a cough. Symptoms have been present for 1 month but have worsened over the l; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); Yes this is a request for a Diagnostic CT.; This is NOT a Medicare member.; It has been 28 or more days since onset AND the patient failed a course of treatment SEVERE SINUSITIS, CONGESTION, POSTNASAL DRIP, RHINORDRHEA, SINUS PAIN, SINUS PRESSURE, HEADACHES; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT.; This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT.; This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT.

This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT.

This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT.

This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT.

This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT.

This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT.

This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT.

This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT.
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
This is a request for neck soft tissue CT.; There has been recent trauma or other injury to the neck.; Yes this is a request for a Diagnostic CT 1

70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; It is unknown if there is a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT 1

70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.; Yes this is a request for a Diagnostic CT 2

70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT 1

70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT 1

70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT 3

70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT 1

70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST
This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; Yes this is a request for a Diagnostic CT 1
Internal Medicine Approval

70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST

Yes, this is a request for CT Angiography of the brain.

1

Internal Medicine Approval

70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

Yes, this is a request for CT Angiography of the Neck.

2

Internal Medicine Approval

70540 MRI ORBIT/FACE/NECK W/O DYE

"This is a request for orbit, face, or neck soft tissue MRI. 239.8"; The study is ordered for the evaluation of lymphadenopathy or mass.

INITIAL STAGING FOR MULTIPLE MYELOMA; This study is being ordered for a metastatic disease.; There are 3 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.

1

Internal Medicine Approval

70544 Mr angiography head w/o dye

There is an immediate family history of aneurysm.; This is a request for a Brain MRA.

5

Internal Medicine Approval

70544 Mr angiography head w/o dye

1

Internal Medicine Approval

70544 Mr angiography head w/o dye

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Internal Medicine Approval

70544 Mr angiography head w/o dye

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Internal Medicine Approval

70544 Mr angiography head w/o dye

1
<table>
<thead>
<tr>
<th>Request</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>70544 Mr angiography head w/o dye</td>
<td>There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.</td>
</tr>
<tr>
<td>70544 Mr angiography head w/o dye</td>
<td></td>
</tr>
<tr>
<td>70544 Mr angiography head w/o dye</td>
<td>There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.</td>
</tr>
<tr>
<td>70544 Mr angiography head w/o dye</td>
<td></td>
</tr>
<tr>
<td>70547 Mr angiography neck w/o dye</td>
<td>One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
</tr>
<tr>
<td>70547 Mr angiography neck w/o dye</td>
<td>The patient has not had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Neck MR Angiography.</td>
</tr>
<tr>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
</tr>
<tr>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</td>
</tr>
<tr>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td></td>
</tr>
<tr>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.</td>
</tr>
<tr>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td></td>
</tr>
<tr>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.</td>
</tr>
</tbody>
</table>
This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.

Requested due to trauma or injury.; There are not new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head was between 24 hours and 1 week ago.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.
This study is being ordered for a neurological disorder.; 07/25/2017; There has been treatment or conservative therapy.; Difficulty initiating sleep, Dizziness, Extremity weakness, Gait disturbance, Headache, Numbness in extremity, Paresthesia, Shaking, Tremors.&; Anxiety, Depression, Difficulty concentrating, Feeling down, depressed or hopeless.&; Activity limitation., Arth.; Medications: 09/21/2017 GABAPENTIN, 08/22/2017 METAXALONE, 08/22/2017 TRAMADOL HCL, 05/23/2017 CELECOXIB&; DAILY NSAID, TRAMADOL AT HOME FOR MORE SEVERE PAIN. PATIENT TO INVESTIGATE LOW IMPACT FORMS OF REGULAR EXERCISE WHICH SHOULD NOT PARTICIPATE IN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

Dr Sugumar reviewed the message and adv that she cannot give anything stronger given that we haven't even determined what the issue is. Pt reports that she has increasing loss of bowel and bladder, is forgetting words more/cant get the correct words out a; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered.

Emergency room follow-up. patient had acute headache, nausea - worse headache ever. patient has decreased sensation left lateral thigh. CT head showed possible lacunar infarct and an mri was recommended for further evaluation.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack). 1

Patient is having some hemifacial spasms; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/anerysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo. 1

Patient is very weak and is experiencing numbness.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache. 1
| Internal Medicine Approval | 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST | Patient presented to the clinic with a headache that has been daily recurring for the last 3 weeks; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache. | 1 |
| Internal Medicine Approval | 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST | pt seen cardiology and r/o anything heart related; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt;Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; abdominal pain, constipation, dizziness seizures; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 |
| Internal Medicine Approval | 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST | Recurrent headaches happening daily with fine tremor in bilateral hands needing evaluation of brain; This study is being ordered for a neurological disorder.; Unknown for date of onset but initial visit for tremor started 9/12/2017; There has been treatment or conservative therapy.; daily headache with fine tremor in bilateral hands; Corgard; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology | 1 |
| Internal Medicine Approval | 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST | The symptoms are recurring. Locations affected include entire head. Denies aggravating factors. Denies relieving factors. Pertinent negatives include blurred vision, diplopia, dizziness, fever, hemianopsia left, hemianopsia right, loss of consciousness; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache. | 1 |
| Internal Medicine Approval | 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST | This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects. | 1 |
| Internal Medicine Approval | 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST | This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects. | 4 |
| Internal Medicine Approval | 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST | This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change. | 28 |
| Internal Medicine Approval | 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST | This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a "thunderclap" or the worst headache of the patient's life. | 2 |
This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing vertigo.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient has a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; This is NOT a Medicare member.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient has a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; This is NOT a Medicare member.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal.
<table>
<thead>
<tr>
<th>Approval</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.</td>
<td>5</td>
</tr>
<tr>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are not recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.; There is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</td>
<td>1</td>
</tr>
<tr>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.</td>
<td>15</td>
</tr>
<tr>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.</td>
<td>3</td>
</tr>
<tr>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>This request is for a Brain MRI; The study is being ordered for stroke or TIA (transient ischemic attack).</td>
<td>3</td>
</tr>
<tr>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>This request is for a Brain MRI; The study is being ordered for a tumor.</td>
<td>1</td>
</tr>
<tr>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).</td>
<td>1</td>
</tr>
<tr>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>Thyroidectomy in 2016 comes to establish care. She had her surgery done in Little rock and we need records. She mentions that there was some discussion about radiation treatment, but she became pregnant and didn't have any follow up after that. C/O pressure; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurrent headache.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.</td>
<td>1</td>
</tr>
<tr>
<td>71250 CT CHEST, THORAX</td>
<td>&quot;The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient.&quot;; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT</td>
<td>14</td>
</tr>
</tbody>
</table>
There is evidence of a lung, mediastinal or chest mass noted within the last 30 days.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT

There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection.; There is radiologic evidence of a lung abscess or empyema.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT

&It; Enter answer here - or Type In Unknown If No Info Given. &It; Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT

&It; Enter answer here - or Type In Unknown If No Info Given. &It; Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT

&It; Enter answer here - or Type In Unknown If No Info Given. &It; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT

&It; Enter answer here - or Type In Unknown If No Info Given. &It; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT

&It; Enter answer here - or Type In Unknown If No Info Given. &It; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; There has been treatment or conservative therapy; check for growth of changes; surveillance; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

A Chest/Thorax CT is being ordered; This study is being ordered for screening of lung cancer; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months; Yes this is a request for a Diagnostic CT.

A Chest/Thorax CT is being ordered; This study is being ordered for a metastatic disease; There are 2 exams are being ordered; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

A Chest/Thorax CT is being ordered; This study is being ordered for a metastatic disease; There are 3 exams are being ordered; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Abnormal finding on examination of the chest, chest wall or or lungs describes the reason for this request; This is a request for a Chest CT; Yes this is a request for a Diagnostic CT.

Abnormal finding on examination of the chest, chest wall or or lungs describes the reason for this request; This is a request for a Chest CT; Yes this is a request for a Diagnostic CT.

Abnormal finding on examination of the chest, chest wall or or lungs describes the reason for this request; This is a request for a Chest CT; Yes this is a request for a Diagnostic CT.

Abnormal finding on examination of the chest, chest wall or or lungs describes the reason for this request; This is a request for a Chest CT; Yes this is a request for a Diagnostic CT.

Abnormal finding on examination of the chest, chest wall or or lungs describes the reason for this request; This is a request for a Chest CT; Yes this is a request for a Diagnostic CT.

Abnormal finding on examination of the chest, chest wall or or lungs describes the reason for this request; This is a request for a Chest CT; Yes this is a request for a Diagnostic CT.
Chest pain describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT

Chest pain describes the reason for this request.; Known tumor and new symptoms involving the chest, chest wall, lung or pelvis is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT

Chest pain describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT

Chest pain describes the reason for this request.; This study is being requested for Screening of Lung Cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT

Cough; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT

Elevated R diaphragm, chronic sob, current everyday smoker, 1 pack per day, 20 pack years, evaluate for malignancy, chronic cough and wheezing for 6 weeks, 2 courses antibiotics, not improving; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT

Extensive partially calcified lymphadenopathy is present throughout the mediastinum and bilateral hilar regions. This appears stable since the prior examination. There are two partially calcified &x0D; parenchymal nodules in the right middle lobe which ap; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.".; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT

Follicular lymphoma grade 2, reevaluation following chemotherapy; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Lung Nodule incidental greater than 8mm; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.".; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT
<table>
<thead>
<tr>
<th>Internal Medicine</th>
<th>Approval</th>
<th>71250 CT CHEST, THORAX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate/stable/present greater than 12mos - compliant with meds. c/o pulm nodules x’s 2 2 mm - stable/present 6 mos/no longer smokes.; There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Nodular opacity noted on chest x-ray of 12/12/2017. Patient is a current smoker; There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>None of the above describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>None of the above describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for none of the above; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema); Yes this is a request for a Diagnostic CT</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>None of the above describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>None of the above describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; The patient is 54 years old or younger.; The patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>None of the above describes the reason for this request.; This is a request for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT</td>
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<tr>
<td>None of the above describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT</td>
<td>2</td>
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</tr>
</tbody>
</table>
PATIENT CURRENTLY ON SOMATULINE Q 4 WEEKS. DR. ROBERTSON WANTING TO CHECK RESPONSE TO THERAPY.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Patient has had history of right rib and chest pain for 10 days, began on 10/04/17. &lx0D; Minor improvement with steroid pack. Worse with coughing and sneezing. Patient has been smoking since the age of 20. There is a positive family history of cancer. Positi; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT

Patient has Sigmoid Colon Cancer. Patient has completed 12 rounds of FOLFOX. Patient now has a rising CEA. CEA on 11/6/17 is 42.1. Doctor is wanting CT Chest, Abd/Pelvis to follow up. Last CT Scans on 11/8/2016.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Patient has Stage 2 Colon Cancer. Patients CEA has risen from 1.4 on 1/25/17 to 2.3 on 10/2/17. Doctor is wanting CT scans due to rising CEA.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Patient has persistent cough; pleural effusion; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT

Patient has stage III rectal ca. he is due for his one year surveillance ct’s.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Patient has hypertension and numbness. He also is a former smoker and needs a CT chest for lung cancer screening; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
<table>
<thead>
<tr>
<th>Approval</th>
<th>Study Details</th>
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</thead>
<tbody>
<tr>
<td>71250 CT CHEST, THORAX</td>
<td>RESTAGING; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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<tr>
<td>71250 CT CHEST, THORAX</td>
<td>RESTAGING SCAN; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
</tr>
<tr>
<td>71250 CT CHEST, THORAX</td>
<td>Restaging; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>71250 CT CHEST, THORAX</td>
<td>RULE OUT METASTATIC DISEASE GIVEN HIS LACK OF RESPONSE TO NEOADJUVANT THERAPY THIS WEEK; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<tr>
<td>71250 CT CHEST, THORAX</td>
<td>STAGE 1A GIST OF THE ILEUM- PATIENT HAD MAYO CONSULT WHICH RECOMMENDS CT SCANS PERFORMED EVERY 3-4 MONTHS FOR THE FIRST 2 YEARS THE EVERY 6 MONTHS UNTIL 5 YEARS.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<tr>
<td>71250 CT CHEST, THORAX</td>
<td>The patient is presenting new signs or symptoms.; &quot;There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection.&quot;); It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for a known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT</td>
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<tr>
<td>71250 CT CHEST, THORAX</td>
<td>the pt quit smoking in 2010 but is concerned about lung cancer due to the length of time she was a smoker; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient quit smoking in the past 15 years.; It is unknown if the patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>71250 CT CHEST, THORAX</td>
<td>There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist</td>
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</table>
There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; UNKNOWN; “The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient.”.; “The caller doesn’t know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection.”.; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT

There is radiologic evidence of non‐resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT

This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; Yes this is a request for a Diagnostic CT

Unknown; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT

There is radiologic evidence of non‐resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT

This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; Yes this is a request for a Diagnostic CT

Unknown; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT

This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

INITIAL STAGING FOR MULTIPLE MYELOMA; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for vascular disease.; “The ordering physician is not a surgeon, pulmonologist, or cardiologist.”.; There is radiologic evidence of mediastinal widening.; This is a request for a chest MRI.

This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; Yes this is a request for a Diagnostic CT

This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

This is a request for an MR Angiogram of the chest or thorax
It is not known if the patient has any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.

Restaging; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.

The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.

This study is not to be part of a Myelogram.; This study is being ordered for a Cervical Spine CT; This study is being ordered due to neurological deficits.; The patient is experiencing or presenting symptoms of asymmetric reflexes.; There is a reason why the patient cannot have a Cervical Spine MRI.

This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT.

This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT.

This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT.

This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT.

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Right side of neck going down to shoulder; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Internal Medicine Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

This study is being ordered for a neurological disorder.; 10/23 MAYBE; It is not known if there has been any treatment or conservative therapy.; 

Internal Medicine Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

This study is being ordered for trauma or injury.; 5/2/17; There has been treatment or conservative therapy.; chronic and persistant back and neck pain; pt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Internal Medicine Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/29/2015; There has been treatment or conservative therapy.; back pain neck pain numbness weakness; physical therapy. medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Internal Medicine Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

INITIAL STAGING FOR MULTIPLE MYELOMA; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Internal Medicine Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Initial Staging for Multiple Myeloma; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Internal Medicine Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Surgical Oncology

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Surgical Oncology
It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; She returns in f/u of DRESS from getting Vancomycin and ceftriaxone empirically for cervical discitits. Fever, eosinophilia and major skin eruptions have all healed since hospitalization in Feb 2017. She has been on a very slow taper of prednisone to a
This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.

This is a request for cervical spine MRI; Neurological deficits; Dizziness, Osteoarthritis of cervical spine, unspecified spinal osteoarthritis complication status;&amp;x0D; Dizziness, Extremity weakness, Gait disturbance, Headache, Numbness in extremity, Tremors;&amp;x0D; Anxiety, Depression.She is tender over medial lateral epicondyl; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.

This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.

This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.;

This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; Yes, the patient is experiencing or presenting x-ray evidence of a recent fracture.

This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.
This study is being ordered for a neurological disorder.

It is not known if there has been any treatment or conservative therapy.

Describe primary symptoms here - or Type In Unknown If No Info Given.

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.

Date of initial onset here - or Type In Unknown If No Info Given.

There has been treatment or conservative therapy.

Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Unknown - greater than 10 years ago.

Pain throughout the spine - particularly in the thoracic and lumbar areas; Patient has been using pharmacotherapy for many years. Currently, he is on a high dose of Methadone to help with the pain. Historically, other medications did not help as well; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Pre-vertebroplasty or kyphoplasty, lumbar spine; multiple myeloma, acute bilateral thoracic back pain; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

The patient has neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.

This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.

This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of asymmetric reflexes.

Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; numbness in buttocks area hurts when twisting; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &gt;; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
This study is being ordered for a neurological disorder; 2 years ago; There has been treatment or conservative therapy; chronic pain; injections, chiro, physical therapy, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; Enter date of initial onset here - or Type In Unknown If No Info Given; There has been treatment or conservative therapy; Describe primary symptoms here - or Type In Unknown If No Info Given; Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 2/3/15; There has been treatment or conservative therapy; low back pain, abd pain, obese; medication PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for trauma or injury; 5/2/17; There has been treatment or conservative therapy; chronic and persistant back and neck pain; pt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms; There is reflex abnormality; The patient does not have new signs or symptoms of bladder or bowel dysfunction; The patient does not have a new foot drop; There is not x-ray evidence of a recent lumbar fracture; SLR test positive left leg with pain radiating to left leg, Pain with full back extension and flexion, limited range of motion of spine, lumbar paraspinal tenderness, cross leg test positive left leg, pt had physical therapy with no relief

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks; The patient has not seen the doctor more then once for these symptoms.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 6/29/2015; There has been treatment or conservative therapy; back pain neck pain numbness weakness; physical therapy. medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
INITIAL STAGING FOR MULTIPLE MYELOMA DIAGNOSED 11/2017; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology;

Low back pain radiating symptoms, zero benefit with chiropractor; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above;

Patient fell back in march in a hotel bathroom against the tub had pain after that has continued with conservative therapy and is getting worst.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/2017; There has been treatment or conservative therapy.; Patient is experiencing back pain, walking, pain with weight baring on the left hip, weakness left lower extremity, radiculopathy in the left leg.; PT and IBprohen, tramadole; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology;

Patient has radiculitis with mild acute irritation in the right sacral and upper lumbar paraspinals and the left upper and lower lumbar paraspinals.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Patient has radiculitis with mild acute irritation in the right sacral and upper lumbar paraspinals and the left upper and lower lumbar paraspinals.
Patient will be needing to go to a pain management specialist for evaluation and treatment; he will need a recent MRI to assess any worsening of his condition.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown - greater than 10 years ago; There has been treatment or conservative therapy.; Pain throughout the spine - particularly in the thoracic and lumbar areas.; Patient has been using pharmacotherapy for many years. Currently, he is on a high dose of Methadone to help with the pain. Historically, other medications did not help as well.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Patient with history of lumbar surgery. Symptoms: loss of sensation, weakness, decreased range of motion, limp, increasing low back pain, conservative treatment not helping.; Recent MRI of hip shows right-sided disc protrusion L4 - L5; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient with history of lumbar surgery. Symptoms: loss of sensation, weakness, decreased range of motion, limp, increasing low back pain, conservative treatment not helping.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Pre-vertebroplasty or kyphoplasty, lumbar spine; multiple myeloma, acute bilateral thoracic back pain; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

See attached clinicals; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Lumbago; radiates to the left and right buttocks. pain worsens with back extension, twisting movements, and hip extension. The patient has been doing physical therapy and also taking ibuprofen which has made it worse.&amp;#x00A0; She also received a steroid injection; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

see attached office notes and reason for exam provided on previous screen; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; rt lower extremity power 4/5; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.
The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy.

The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.

The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has Neurological abnormalities; This procedure is being requested for Trauma or recent injury

The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality

The study requested is a Lumbar Spine MRI.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)

The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy.

The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient was treated with an Epidural.

unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Lower extremity, weakness, and radiculopathy; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>unknown; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</td>
<td>1</td>
</tr>
<tr>
<td>72192 CT PELVIS WITHOUT CONTRAST</td>
<td>Due to the bony abnormality and his pain, I have recommended that a CT of the bony pelvis be carried out, and we will review the results. We will consider further physical therapy, and again asked him to use his anti-inflammatory agents on a regular basis; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>72192 CT PELVIS WITHOUT CONTRAST</td>
<td>Duration of Symptoms: Start: 12/28/2015; Physical Exam Findings: 2 years of perineal pain, recently worse, no palpable mass, but tender to palpation; patient reports worsening pain; Preliminary Procedures: Ultrasound; This study is being ordered because of a suspicious mass/tumor.; &quot;The patient has had a pelvic ultrasound, barium, CT, or MR study.&quot;; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>72196 MRI PELVIS</td>
<td>This is a request for a Pelvis MRI.; The request is not for any of the listed indications.</td>
<td>1</td>
</tr>
<tr>
<td>72196 MRI PELVIS</td>
<td>This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.</td>
<td>1</td>
</tr>
<tr>
<td>72196 MRI PELVIS</td>
<td>This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.</td>
<td>1</td>
</tr>
<tr>
<td>72196 MRI PELVIS</td>
<td>This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.</td>
<td>1</td>
</tr>
<tr>
<td>72196 MRI PELVIS</td>
<td>This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?</td>
<td>3</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Notes</td>
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</tr>
<tr>
<td>73221 MRI JOINT OF</td>
<td>The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.</td>
<td>1</td>
</tr>
<tr>
<td>UPPER EXTREMITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>73220 MRI UPPER</td>
<td>The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.</td>
<td>1</td>
</tr>
<tr>
<td>EXTREMITY , ENTIRE</td>
<td>EXTERIORITY, NOT A JOINT</td>
<td></td>
</tr>
<tr>
<td>73220 MRI UPPER</td>
<td>The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity bone or soft tissue infection.</td>
<td>1</td>
</tr>
<tr>
<td>EXTREMITY , ENTIRE</td>
<td>EXTERIORITY, NOT A JOINT</td>
<td></td>
</tr>
<tr>
<td>73220 MRI UPPER</td>
<td>The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.</td>
<td>1</td>
</tr>
<tr>
<td>EXTREMITY , ENTIRE</td>
<td>EXTERIORITY, NOT A JOINT</td>
<td></td>
</tr>
<tr>
<td>73220 MRI JOINT OF</td>
<td>RESTAGING AFTER CHEMO; This study is being ordered for a metastatic disease.; There are 2 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
<td>1</td>
</tr>
<tr>
<td>UPPER EXTREMITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>73220 MRI JOINT OF</td>
<td>The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.</td>
<td>1</td>
</tr>
<tr>
<td>UPPER EXTREMITY</td>
<td></td>
<td>RESTAGING AFTER CHEMO; This study is being ordered for a metastatic disease.; There are 2 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
</tr>
<tr>
<td>73220 MRI JOINT OF</td>
<td>The requested study is a Shoulder MRI.; The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.; acute shoulder pain and injury</td>
<td>1</td>
</tr>
<tr>
<td>UPPER EXTREMITY</td>
<td></td>
<td>The requested study is a Shoulder MRI.; The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.;</td>
</tr>
<tr>
<td>73220 MRI JOINT OF</td>
<td>The requested study is a Shoulder MRI.; The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.; pt has pain in his right shoulder all the time</td>
<td>1</td>
</tr>
<tr>
<td>UPPER EXTREMITY</td>
<td></td>
<td>The requested study is a Shoulder MRI.; The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.;</td>
</tr>
<tr>
<td>73220 MRI JOINT OF</td>
<td>Right shoulder pain steroid injections anti inflammatories for 7 weeks w no improvement xray doesn't show any fx</td>
<td>1</td>
</tr>
</tbody>
</table>
The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.;

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.;

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; The patient has a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion. 19

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; There is no documented findings of crepitus.; There are no documented findings of swelling.; The ordering physician is not an orthopedist.; The patient is experiencing joint locking or instability.; The patient does not have a documented limited range of motion on physical examination.; It is not known if there is documented findings of severe pain on motion.

The requested study is a Shoulder MRI.; Study being ordered due to known/suspected joint infection.; The plain films were not normal.

The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has been treated with medication.; The patient received joint injection(s).

The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient received joint injection(s).

This is a request for an upper extremity joint MRI.; The patient does have a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.

This is a request for an upper extremity joint MRI.; The patient does have a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; There has has been documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.

The patient has been treated with and failed a course of four weeks of supervised physical therapy.
This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.

This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT

This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT

This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT

This is a request for an ankle CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT

This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT
Yes, this is a request for CT Angiography of the lower extremity.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 07/2017; There has been treatment or conservative therapy.; pain and swelling; Injections etc; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days

Patient had a plain film xray of the right knee which showed joint effusion and degenerative changes. An MRI is requested to further evaluate and to determine the best course of treatment for this gentleman.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Patient began having right knee pain in March of 2017. He started oral steroids and over the counter anti-inflammatory medication as well as increasing his physical activity as tolerated. He was reevaluated in May of 2017 and October 2017. He has indic; The patient received oral analgesics.

RESTAGING; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.

This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.

This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.
This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.

This is a request for a foot MRI.; This is a request for a foot MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Instability

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Limited range of motion

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Locking

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Instability; Yes, the member experience a painful popping, snapping, or giving away of the knee.

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Swelling greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Swelling greater than 3 days; No, the member do not experience a painful popping, snapping, or giving away of the knee.

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Limited range of motion; Yes, the member experience a painful popping, snapping, or giving away of the knee.

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Limited range of motion
<table>
<thead>
<tr>
<th>Approval</th>
<th>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Medicine</td>
<td>This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus, pre-op or post-op evaluation, non-acute Chronic Pain; Suspected tumor or Aseptic Necrosis; Instability</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; There is no symptom of locking, instability, swelling, redness, limited range of motion or pain.; No, the member do not experience a painful popping, snapping, or giving away of the knee.</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>This is a request for a Knee MRI.; The patient had not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications; It is not known if the member experience a painful popping, snapping, or giving away of the knee.</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, the member experience a painful popping, snapping, or giving away of the knee.</td>
</tr>
</tbody>
</table>
This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy.  
This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."

This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI.; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.

This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI.;"; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.  
This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

Patient fell back in march in a hotel bathroom against the tub had pain after that has continued with conservative therapy and is getting worst.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/2017; There has been treatment or conservative therapy.; Patient is experiencing back pain, walking, pain with weight baring on the left hip, weakness left lower extremity, radiculopathy in the left leg.; PT and ibuproen, tramadole; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.;" There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.

This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.;" There is a suspected tarsal coalition.

will just fax notes; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.  
; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.
This is a request for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone); The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.

This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn’s disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; It is not known if there are findings that confirm hepatitis C.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT.
<table>
<thead>
<tr>
<th>Internal Medicine Approval</th>
<th>74150 CT ABDOMEN WITHOUT CONTRAST</th>
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</thead>
<tbody>
<tr>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &amp;#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &amp;#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis;</td>
<td>Yes this is a request for a Diagnostic CT; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &amp;#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &amp;#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis;</td>
<td>Yes this is a request for a Diagnostic CT; 7 mm complex renal cyst on CT 9/26/16 needs 1 year followup. also hx of renal stones; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &amp;#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &amp;#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis;</td>
<td>Yes this is a request for a Diagnostic CT; Moderate to severe hepatic steatosis versus parenchymal disease. &amp;#x0D; 2. Indeterminate hypoechoic left hepatic lobe nodule. Recommend pre-amp;#x0D; and postcontrast CT scan of the abdomen for further characterization. &amp;#x0D; 3. Likely cyst in the mid to superior pole of the; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT; Palpable mass, left upper quadrant abdominal pain; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT; Patient has lost 6 lbs since 9/22 she has developed diffuse abdominal pain - appetite poor, unable to eat solid foods.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &amp;#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &amp;#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT; Possible gastritis or gall bladder disease, and exposure to heptitis C. Intermittent right side and upper quadrant pain for over two weeks.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &amp;#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &amp;#x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT;</td>
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second liver function test, on 7/20/17 elevated, abnormal liver functions 4/20/17 as well, steadily elevating; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &Rx0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &Rx0D; Known or suspected infection such as pancreatitis, etc.,; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is a request for initial staging of a known tumor other than prostate.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; No, there has not been a recent abdominal CT scan.; Yes this is a request for a Diagnostic CT

This is a request for a known tumor, cancer, mass, or rule out metastases.; This is a request for initial staging of a known tumor other than prostate.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or observed abdominal mass.; No, there has not been a recent abdominal CT scan.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Yes this is a request for a Diagnostic CT

This is a request for a Diagnostic CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Abscess.; Yes this is a request for a Diagnostic CT
This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &R/O; Known or suspected infection such as pancreatitis, etc.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; Yes this is a request for a Diagnostic CT

This is a request for CT Angiography of the Abdomen and Pelvis. &lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; 6mo; There has been treatment or conservative therapy.; cramp, pain; &lt;Describe treatment / conservative therapy here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Yes, this is a request for CT Angiography of the abdomen.

Yes, this is a request for CT Angiography of the abdomen.

Yes, this is a request for CT Angiography of the abdomen.
Patient’s abdominal pain is getting worse. She states it is occurring on bilateral sides of her abdomen. She states that her abdomen will bloat. She will have nausea.. She will have vomiting. She is alternating constipation and diarrhea. She states that; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT ; This study is being ordered for metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Abnormal urinalyses  White blood count low Fevers; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Abnormal weight loss (20 lbs in two months) - unable to eat due to severe pain - new mass noted from visit 1.5 months ago - pt has history of lymphadenopathy; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT

Follicular lymphoma grade 2, revaluation following chemotherapy; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
Generalized abdominal pain, Severe abd pain, Severe abd pain post colonoscopy to rule out colonic perforation; Date&Time: 12/01/2017 7:44 AM; Employee: Sindi De La Torre; Communication: PT woke up with a lot of pain today due to the pro; This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain; The study is being ordered for acute pain; There has been a physical exam; The patient is female; A pelvic exam was NOT performed; Yes this is a request for a Diagnostic CT

IDIOPATHIC ACUTE PANCREATITIS, PAIN OF UPPER ABDOMEN; This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain; The study is being ordered for acute pain; There has been a physical exam; The patient is male; A rectal exam was not performed; Yes this is a request for a Diagnostic CT

inguinal hernia (2cm); This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain; The study is being ordered for acute pain; There has been a physical exam; The patient is male; A rectal exam was not performed; Yes this is a request for a Diagnostic CT

no; This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain; The study is being ordered for chronic pain; This is not the first visit for this complaint; There has been a physical exam; The patient is female; A pelvic exam was performed; The results of the exam were normal; The patient had an Ultrasound; The Ultrasound was normal; A contrast/barium x-ray has NOT been completed; The patient did not have an endoscopy; Yes this is a request for a Diagnostic CT

PATIENT CURRENTLY ON SOMATULINE 0 4 WEEKS. DR. ROBERTSON WANTING TO CHECK RESPONSE TO THERAPY; This study is being ordered for a metastatic disease; There are 2 exams are being ordered; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Patient has Sigmoid Colon Cancer. Patient has completed 12 rounds of FOLFOX. Patient now has a rising CEA. CEA on 11/6/17 is 42.1. Doctor is wanting CT Chest, Abd/Pelvis to follow up. Last CT Scans on 11/8/2016; This study is being ordered for a metastatic disease; There are 2 exams are being ordered; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Patient has Stage 2 Colon Cancer. Patients CEA has risen from 1.4 on 1/25/17 to 2.3 on 10/2/17. Doctor is wanting CT scans due to rising CEA; This study is being ordered for a metastatic disease; There are 2 exams are being ordered; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Patient has due for scans; This study is being ordered for a metastatic disease; There are 3 exams are being ordered; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
Pt seen cardiology and r/o anything heart related; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.

Pt with abnormal liver ultrasound; This is a request for an abdomen-pelvis CT combination; A urinalysis has been completed; This study is being requested for abdominal and/or pelvic pain; The results of the urinalysis were normal; The study is being ordered for chronic pain; This is the first visit for this complaint; The patient had an lipase lab test; The results of the lab test were normal; Yes this is a request for a Diagnostic CT

Pt with stage III rectal ca. he is due for his one year surveillance ct’s; This study is being ordered for a metastatic disease; There are 2 exams are being ordered; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

R10.32 LLQ abdominal pain, worsening, constipation, nausea, fever, tenderness on exam, abd pain-LLQ, r/o stones, r/o abscess; THE PROBLEM IS SEVERE AND HAS WORSENED. THE SYMPTOMS ARE RECURRING. LEFT LOWER QUADRANT. THE QUALITY OF THE PAIN IS DULL ASSOCIAT; This is a request for an abdomen-pelvis CT combination; A urinalysis has not been completed; This study is being requested for abdominal and/or pelvic pain; The study is being ordered for chronic pain; This is the first visit for this complaint; The patient did not have a amylase or lipase lab test; Yes this is a request for a Diagnostic CT

RENAL CYST OF LEFT KIDNEY; This is a request for an abdomen-pelvis CT combination; This study is being requested for abdominal and/or pelvic pain; The study is being ordered for chronic pain; This is not the first visit for this complaint; There has been a physical exam; The patient is male; A rectal exam was not performed; Yes this is a request for a Diagnostic CT

RESTAGGING SCANS; This study is being ordered for a metastatic disease; There are 2 exams are being ordered; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

RESTAGGING SCANS; This study is being ordered for a metastatic disease; There are 2 exams are being ordered; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
RULE OUT METASTATIC DISEASE GIVEN HIS LACK OF RESPONSE TO NEOADJUVANT THERAPY THIS WEEK; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

SEVERE PAIN PAST COLONOSCOPY 11/30/2017 R/O: COLONOC PERFORATION & Diarrhea; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

STAGE 1A GIST OF THE ILEUM - PATIENT HAD MAYO CONSULT WHICH RECOMMENDS CT SCANS PERFORMED EVERY 3-4 MONTHS FOR THE FIRST 2 YEARS THE EVERY 6 MONTHS UNTIL 5 YEARS.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

The Pt has hematuria, rule out kidney stone.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT

There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT
<table>
<thead>
<tr>
<th>Internal Medicine Approval</th>
<th>74176 CT ABD &amp; PELVIS W/O CONTRAST</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>3</td>
<td>This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>6</td>
<td>This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>1</td>
<td>This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>1</td>
<td>This is a request for an abdomen-pelvis CT combination.; It is not known if there is a strong suspicion of kidney or ureteral stone.; This patient is experiencing hematuria.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT</td>
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<tr>
<td>3</td>
<td>This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
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<tr>
<td>2</td>
<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>5</td>
<td>This is a request for an abdomen-pelvis CT combination.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>2</td>
<td>This is a request for an abdomen-pelvis CT combination.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>1</td>
<td>This is a request for an abdomen-pelvis CT combination.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
</tr>
</tbody>
</table>
This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Other; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Enter Additional Clinical Information.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Abdominal pain; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; previous ct in April 2017 enlarged lymph nodes in mesenteric pelvic area radiology wanted to follow up for stability; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Suspicous Mass or Tumor; Yes this is a request for a Diagnostic CT
This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT 1

This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT 2

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT 4

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT 2

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT 1

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT 1

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT 1
This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a Kidney/Renal cyst(s); Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT
This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had a lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT

Urine showed moderate amount of blood. Pain in supra pubic area with increased frequency of urination. Pain and burning on urination. Left sided CVA pain. Off and on vomiting.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

will fax clinical if need; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

&It; Enter answer here - or Type In Unknown If No Info Given. &gt; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6 weeks; There has been treatment or conservative therapy.; abdominal pain, pelvic mass, Vascular abnormality; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
There is a 13-mm area of decreased density in a subcapsular location in the left lobe of the liver, likely representing a hemangioma. Consider followup CT of the abdomen or followup MRI of the liver to confirm the expected diagnosis as other hepatic lesion. This request is for an Abdomen MRI. This study is being ordered for suspicious mass or suspected tumor/metastasis. The patient has previous abnormal imaging including a CT, MRI or Ultrasound. A liver abnormality was found on a previous CT, MRI or Ultrasound. It is unknown if there is suspicion of metastasis. This request is for an Abdomen MRI. This study is being ordered for Known Tumor. The patient is not presenting new symptoms. The patient has had 3 or fewer follow-up abdomen MRIs. This study is being ordered for follow-up. The patient is not undergoing active treatment for cancer. "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon.". PATIENT HAD CT THAT SHOWS A NODULE AND CYST, RADIOLOGIST RECOMMENDED A MRI. This request is for an Abdomen MRI. This study is being ordered for Known Tumor. The patient is presenting new symptoms. This study is being ordered for follow-up. The patient is not undergoing active treatment for cancer. "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon.". &lt;Enter answer here or Type In Unknown If No Info Given.&gt; 1

This request is for an Abdomen MRI. This study is being ordered for organ enlargement. There is an ultrasound or plain film evidence of an abdominal organ enlargement. Patient has a history of sarcoidosis, and had a CT scan of the abdomen. It showed her to have and enlarges spleen. 1

This request is for an Abdomen MRI. This study is being ordered for organ enlargement. There is an ultrasound or plain film evidence of an abdominal organ enlargement. 1

This request is for an Abdomen MRI. This study is being ordered for suspicious mass or suspected tumor/metastasis. "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.". "The patient has had an abdominal ultrasound, CT, or MR study.". Enter answer here or Type In Unknown if No Patient came in concerning generalized abdominal pain. This is located primarily in the right upper quadrant, right lower quadrant, and epigastric region. There is some radiation to the periumbilical region. 4

This request is for an Abdomen MRI. This study is being ordered for suspicious mass or suspected tumor/metastasis. "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.". "The patient has had an abdominal ultrasound, CT, or MR study.". PATIENT HAD CT DONE, RADIOLOGIST RECOMMENDED A MRI TO CHARACTERIZE THE LIVER MASS. 1

This request is for an Abdomen MRI. This study is being ordered for suspicious mass or suspected tumor/metastasis. "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.". "The patient has had an abdominal ultrasound, CT, or MR study.". Pt has a gallbladder mass. 1
| Internal Medicine Approval | 74181 MRI ABDOMEN | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;"; "The patient has not had an abdominal ultrasound, CT, or MR study.;"; Patient had a recent chest CTA to rule out pulmonary embolism which revealed a pancreatic lesion.  |
| Internal Medicine Approval | 74181 MRI ABDOMEN | This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;"; "The patient has an abdominal ultrasound, CT, or MR study.;"; HER PET/CT SCAND ON 12/18/17 SHOWED THE KNOWN LT BREAST CA AND LT AXILLARY LYMPHADENOPATHY BUT ALSO AN INDETERMINATE RT ADRNAL NODULE. MRI OF ABD RECOMMENDED BY RADIOLOGIST.  |
| Internal Medicine Approval | 74181 MRI ABDOMEN | This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Mild diffuse fatty infiltration of the liver.&lt;sup&gt;2&lt;/sup&gt; 2. A 2.1 cm very vague rounded enhancing lesion in the lateral&lt;sup&gt;2&lt;/sup;&gt; segment, left lobe of liver and 1.6 cm similar appearing lesion&lt;sup&gt;2&lt;/sup;&gt; identified in the posterior segment, right lobe of liver (segment 7).&lt;sup&gt;2&lt;/sup;&gt; These les |
| Internal Medicine Approval | 74181 MRI ABDOMEN | This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Patient had Abdominal US done and needs follow up MRI for hepatic steatosis. |
| Internal Medicine Approval | 74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST | This is a request for a MR Angiogram of the abdomen. |
| Internal Medicine Approval | 75557 Cardiac MRI Morph & structure w/o contrast | This is a request for a heart or cardiac MRI. Patients blood work shows moderate to high risk for plaque in arteries; This is a request for a CT scan for evaluation of coronary calcification. |
| Internal Medicine Approval | 75571 Coronary Artery Calcium Score, EBCT | This is a request for a CT scan for evaluation of coronary calcification. |
| Internal Medicine Approval | 75574 CT Angiography Heart coronary arteries, CCTA | This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for prior equivocal or uninterruptible cardiac imaging.; Patient had an abnormal echo with EF 25-30% and wall motion abnormalities: mid to distal anteroseptal, inferior, inferolateral wall are akinetic, apical wall is dyskinetic. Compensatory hyperkinesis of the basal walls.; No, this patient does not have equivocal or uninterpretable stress test (exercise, perfusion, or stress echo). |
| Internal Medicine Approval | 75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING | Yes, this is a request for CT Angiography of the abdominal arteries. This study is being ordered for a known or suspected tumor.; "The ordering physician is an oncologist, ophthalmologist, otolaryngologist (ENT specialist), or maxillo-facial surgeon."; This is a request for a limited Sinus CT.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children). |
| Internal Medicine Approval | 76380 CT FOLLOW-UP OR LIMITED STUDY ANY AREA 77058 MRI breast,without and/or with contrast material(s);unilateral | This is a request for Breast MRI.; This study is being ordered for a known breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient’s further management. |
| Internal Medicine Approval | 77058 MRI breast,without and/or with contrast material(s);unilateral 77058 MRI breast,without and/or with contrast material(s);unilateral 77058 MRI breast,without and/or with contrast material(s);unilateral 77058 MRI breast,without and/or with contrast material(s);unilateral | This is a request for Breast MRI.; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk. This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children). This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast. This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast. This is a request for Breast MRI.; This study is being ordered for suspected implant rupture.; Yes, this study is being ordered to evaluate a suspected silicone implant rupture. |
This is a request for Breast MRI.; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; Yes, there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.

INITIAL STAGING FOR MULTIPLE MYELOMA; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

RESTAGING AFTER CHEMO; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

RESTAGING; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Restaging; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.
78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Mrs. Buerer is 44yo G3P3 s/p TAH/BSO lady (not working) with significant history of HTN, HLD, fibromyalgia and artificial menopause, followed by Jarrod Jerry DPN, referred for evaluation of chest discomfort and hypertension. She reports progressive symptom; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Patient was unable to complete stress echo due to severe anxiety.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

pt had TIA, LVH.; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

Smoker for 30 years; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

78451 Myocardial perfusion imaging, tomographic (SPECT); single study

The patient is diabetic.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.
The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have diabetes.; This is NOT a Medicare member.; The patient is 65 or older.

The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient had a previous myocardial infarction.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; It is not known if there are documented findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); It is not known if the patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.
The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient is clinically obese or has an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

This 59 year old male presents for fatigue. 

History of Present Illness:
1. Fatigue
He has increasing fatigue and DOE. He is not having any chest pain. He is compliant with his BIPAP. He falls asleep frequently during the day. He has increasing fatigue and DOE. He is not having any chest pain. He is compliant with his BIPAP. He falls asleep frequently during the day.
2. Abnormal ec; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. The patient has a physical limitation to exercise.; The patient is male.; This is NOT a Medicare member.; The patient's age is 65 or older.

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. The patient has diabetes.; This is NOT a Medicare member.; The patient is 65 or older.
This study is being ordered as a pre-operative evaluation.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient has a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a recent stress echocardiogram.; The patient has had a recent abnormal EKG consistent with CAD.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. The patient is female.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

This study is being ordered as a pre-operative evaluation.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has a recent abnormal EKG consistent with CAD.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

Staging prior to starting chemotherapy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Staging prior to starting chemotherapy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.).".; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; TOXIC CHEMO POSSIBLY CHANGE CHEMO

This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made); This study is being requested for Breast Cancer.; This is for evaluation of axillary lymph nodes.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.
This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was NOT identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made.); This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made.); This study is being requested for Lymphoma or Myeloma.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Thyroid Cancer.; The patient did NOT have a thyroidectomy and radiiodine ablation.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; This is NOT a Medicare member.
This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; The patient does NOT have Thyroid or Brain cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.
This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has an enlarged heart;

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.

This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.

This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.

This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.

This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.
This is a request for MRCP; There is a reason why the patient cannot have an ERCP; The patient has not undergone an unsuccessful ERCP; The patient does not have an altered biliary tract anatomy that precludes ERCP; The patient requires evaluation for a congenital defect of the pancreatic or biliary tract.

This is a request for MRCP; There is a reason why the patient cannot have an ERCP; The patient has not undergone an unsuccessful ERCP; The patient has an altered biliary tract anatomy that precludes ERCP; This is a request for a brain/head CT; The study is NOT being requested for evaluation of a headache; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.

Internal Medicine Approval S8037 mrcp

Internal Medicine Approval S8037 mrcp

Internal Medicine Disapproval 70450 CT BRAIN, HEAD Radiology Services Denied Not Medically Necessary

Internal Medicine Disapproval 70450 CT BRAIN, HEAD Radiology Services Denied Not Medically Necessary

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Internal Medicine Disapproval 70450 CT BRAIN, HEAD Radiology Services Denied Not Medically Necessary

Internal Medicine Disapproval 70450 CT BRAIN, HEAD Radiology Services Denied Not Medically Necessary
This is a request for a brain/head CT.; 'None of the above' best describes the patient's tumor.; Known or suspected tumor best describes the reason that I have requested this test.

This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.

This is a request for a brain/head CT.; The patient has a known brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.

This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.

This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.

This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.

This request is for face, jaw, mandible CT.239.8.; There is not a history of serious facial bone or skull, trauma or injury.fct; There is not a suspicion of bone infection, [osteomyelitis].fct; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT

9/7/17 pt seen by a different clinic physician in the same office.fever, chills, fatigue, nasal discharge, TM bulging and middle ear fluid. Nose: sinus tenderness and nasal discharge--purulent. Oropharynx: erythema.Was treated with antibiotics and sterol.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.; Yes this is a request for a Diagnostic CT
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Approved/Disapproved</th>
<th>Medically Necessary</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>70486 CT SINUS,</td>
<td>This is a request for a Sinus CT.; The patient is NOT immune-compromised.;</td>
<td>Disapproval</td>
<td>Not Medically Necessary</td>
<td></td>
</tr>
<tr>
<td>FACE,JAW,MANDIBLE,MA</td>
<td>This study is being ordered for sinusitis.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT</td>
<td></td>
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<tr>
<td>XILLOFACIAL NO CONTRAST</td>
<td></td>
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<tr>
<td>70486 CT SINUS,</td>
<td>This is a request for a Sinus CT.; This study is being ordered for sinusitis.;</td>
<td>Disapproval</td>
<td>Not Medically Necessary</td>
<td></td>
</tr>
<tr>
<td>FACE,JAW,MANDIBLE,MA</td>
<td>The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT</td>
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<tr>
<td>XILLOFACIAL NO CONTRAST</td>
<td></td>
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<tr>
<td>70490 CT NECK SOFT</td>
<td>This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT looking for GCA; This study is being ordered for Inflammatory/ Infectious Disease.; left temporal edema &amp;x0D; left retinal erosion &amp;x0D; jaw claudication &amp;x0D; patient presented to the clinic on 10/25/2017 for same symptoms. At that time, patient was treated with antibiotics for cellulitis. Today he is back at clinic, and the problem is not better; There has been treatment or conservative therapy.; swelling left temple &amp;x0D; worse when he chews; patient was prescribed antibiotics on 10/25/2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
<td>Disapproval</td>
<td>Not Medically Necessary</td>
<td></td>
</tr>
<tr>
<td>TISSUES,LARYNX,THYROID ETC. NO CONTRAST</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>70496 CT ANGIOGRAPHY</td>
<td>Yes, this is a request for CT Angiography of the brain.</td>
<td>Disapproval</td>
<td>Not Medically Necessary</td>
<td></td>
</tr>
<tr>
<td>HEAD W/CONTRAST/NONCONTRAST</td>
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<tr>
<td>RAST</td>
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<td>70496 CT ANGIOGRAPHY</td>
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<td>HEAD W/CONTRAST/NONCONTRAST</td>
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<td>RAST</td>
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</tbody>
</table>
70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Radiology Services Denied Not Medically Necessary
This is a request for CT Angiography of the Neck.

70498 CT ANGIOGRAPHY NECK
Radiology Services Denied Not Medically Necessary
This is a request for CT Angiography of the Neck.

70540 MRI ORBIT/FACE/NECK W/O DYE
Radiology Services Denied Not Medically Necessary
Initial staging for Multiple Myeloma; This study is being ordered for metastatic disease.

70540 MRI ORBIT/FACE/NECK W/O DYE
Radiology Services Denied Not Medically Necessary
PATIENT HAS CHRONIC PAIN IN HER NECK AND SHOULDERS WITH THE PAIN TRAVELING DOWN THE BACK. PATIENT REPORTS THAT THE PAIN HAS GOTTEN PROGRESSIVELY WORSE IN THE LAST 3 MONTHS PREVENTING HER FROM PERFORMING HER DAILY ACTIVITIES; This study is being ordered for a neurological disorder.

70540 MRI ORBIT/FACE/NECK W/O DYE
Radiology Services Denied Not Medically Necessary
This is a new problem. Episode onset: for at least the past month. The problem occurs constantly. The problem has been gradually worsening. The pain is present in the occipital region and midline (posterior neck). The quality of the pain is described as a; "This is a request for orbit, face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection, cancer, mass, tumor, pre or post-operative evaluation

70544 Mr angiography head w/o dye
Radiology Services Denied Not Medically Necessary
This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 1/2017; There has been treatment or conservative therapy.; headaches; physical; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
PATIENT IS UNABLE TO WORK OR DRIVE DUE TO CURRENT SYMPTOMS, INCLUDING MEMORY LOSS, VISUAL DISTURBANCE, AND EXTREME ANXIETY AND DEPRESSION DUE TO CURRENT MEDICAL CONDITION; This study is being ordered for a neurological disorder.; HAS BEEN GOING ON FOR 3 MONTHS, ABOUT JUNE 15; There has been treatment or conservative therapy.; MEMORY LOSS, FEELING IN FOG, VISUAL DISTURBANCE, COGNITIVE IMPAIRMENT, ANTIBIOTICS, WAS SENT TO ENT TO RULE OUT SINUS DISEASE. WAS PUT OFF WORK FOR REST.; One of the studies being ordered is NOT A Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Recurrent headaches happening daily with fine tremor in bilateral hands needing evaluation of brain; This study is being ordered for a neurological disorder.; Unknown for date of onset but initial visit for tremor started 9/12/2017; There has been treatment or conservative therapy.; daily headache with fine tremor in bilateral hands; Corgard; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient has fatigue or malaise; It is unknown why this study is being ordered.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing vertigo.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing vertigo.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.
This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/15/17; There has been treatment or conservative therapy.; headaches; physical; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does not have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo. c/o chronic headaches - daily /severe/ present greater than 6 mos.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does not have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.}

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does not have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo. c/o chronic headaches - daily /severe/ present greater than 6 mos.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does not have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo. c/o chronic headaches - daily /severe/ present greater than 6 mos.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.
Internal Medicine Disapproval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Radiology Services Denied
Not Medically Necessary

None; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are not new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; The trauma or injury to the head occurred more than 1 week ago. Not eating, anxiety, acting differently; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for an aneurysm.; This study is being ordered as a screening for an aneurysm or AVM (arteriovenous malformation).

PATIENT IS UNABLE TO WORK OR DRIVE DUE TO CURRENT SYMPTOMS, INCLUDING MEMORY LOSS, VISUAL DISTURBANCE, AND EXTREME ANXIETY AND DEPRESSION DUE TO CURRENT MEDICAL CONDITION; This study is being ordered for a neurological disorder.; HAS BEEN GOING ON FOR 3 MONTHS, ABOUT JUNE 15; There has been treatment or conservative therapy.; MEMORY LOSS, FEELING IN FOG, VISUAL DISTURBANCE, COGNITIVE IMPAIRMENT, ANTIBIOTICS, WAS SENT TO ENT TO RULE OUT SINUS DISEASE. WAS PUT OFF WORK FOR REST.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncological, Surgical Oncology or Radiation Oncology

unknown; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

unknown; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

&l;Additional Clinical Information&g;: Yes, this is a Functional MRI Brain. "The ordering physician is not a surgeon, pulmonologist, or cardiologist."; It is not known if there is radiologic evidence of mediastinal widening.; PT C/O CHEST PAIN AND HAS A FAMILY HISTORY OF THORACIC AORTIC ANEURYSM.; A Chest/Thorax CT is being ordered.; This study is being ordered for vascular disease other than cardiac.; Yes this is a request for a Diagnostic CT
Internal Medicine Disapproval 71250 CT CHEST, THORAX Not Medically Necessary &lt;Enter answer here - or Type In Unknown If No Info Given.&gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/10/17, There has not been any treatment or conservative therapy.; Family hx of disease, Abdominal pain, and hepatoamy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT 1

Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT 4

Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT 6

Chest pain describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema); Yes this is a request for a Diagnostic CT 1

chronic cough with failed 6 week antibiotic treatment; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT 1

'None of the above' describes the reason for this request.; 'None of the above' are is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT 1

'None of the above' describes the reason for this request.; 'None of the above' were relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT 1

'None of the above' describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT 1

'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT 2

patient had an abnormal xray in office on 10/27/17; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT 1
Patient has a mass an pain in her neck an throat; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Patient was treated for acute bronchitis with rocephin and prescribed levaxquin on 10/30/17. Chest x-ray and sinus x-ray normal. Patient is current smoker with a 30 year pack history, with a persistent and chronic cough.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT.

Physical exam:
Abdomen: Soft with no organomegaly, masses or tenderness. Bowel sounds present throughout. She has fairly demarcated tenderness to palpation of the skin in the dermatome area of approximately T8 or T9 on the left. No visible rash no po; This study is being ordered for Inflammatory/ Infectious Disease.; 01/05/17; There has been treatment or conservative therapy.; Pain is located in the left lateral lower chest area and radiates sometimes into the front sometimes down to her pelvic bone area.; Pain is located in the left lateral lower chest area and radiates sometimes into the front sometimes down to her pelvic bone area. It is sensitive to touch and is not affected by activity. Nothing she does can make it go away. ibuprofen may help some. b; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

SOMETHING SEEN ON PATIENTS LUNGS; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT.

Unexplained weight loss describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT. pt has shortness of breath and tightness in chest; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.

Initial staging for Multiple Myeloma; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
<table>
<thead>
<tr>
<th>Order Number</th>
<th>Procedure Description</th>
<th>Imaging Status</th>
<th>Reason for Disapproval</th>
</tr>
</thead>
<tbody>
<tr>
<td>71550 MRI CHEST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>PATIENT HAS CHRONIC PAIN IN HER NECK AND SHOULDERS WITH THE PAIN TRAVELING DOWN THE BACK. PATIENT REPORTS THAT THE PAIN HAS GOTTEN PROGRESSIVELY WORSE IN THE LAST 3 MONTHS PREVENTING HER FROM PERFORMING HER DAILY ACTIVITIES; This study is being ordered for a neurological disorder; 3 MONTHS; There has been treatment or conservative therapy; SHARP BURNING PAIN AND INFLAMMATION IN THE SHOULDERS AND NECK, THROUGHOUT THE DAY ON A DAILY BASIS; CHIROPRACTOR TREATMENT, MEDICATION MANAGEMENT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
</tr>
<tr>
<td>72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>c/o rolled car /mva this am - no loc - severe neck pain - some lt rib pain.; This study is being ordered for trauma or injury.; 09-18-17; There has not been any treatment or conservative therapy.; c/o rolled car /mva this am - no loc - severe neck pain - some lt rib pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
</tr>
<tr>
<td>72131 CT LUMBAR SPINE, LOW BACK</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>PATIENT HAS NECK PAIN, WEAKNESS IN GRIP, NUMBNESS AND BURNING IN ARMS, ALSO HAD XRAY THAT SHOWS OSTEOARTHRITIS, RECENTLY GOT DENIED FOR MRI; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.</td>
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<tr>
<td>72131 CT LUMBAR SPINE, LOW BACK</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>The patient continues to being treated for UTI but still complaining of lower flank/abd pain. Abd. Ultrasound don’t on 10/25/17 was negative.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/9/17; There has been treatment or conservative therapy.; flank pain; she was started on Microbid for UTI on 9/10/17; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>72131 CT LUMBAR SPINE, LOW BACK</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>72131 CT LUMBAR SPINE, LOW BACK</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</td>
</tr>
<tr>
<td>Order Date</td>
<td>Reason for Order</td>
<td>Treatment History</td>
<td>Other Studies</td>
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</tr>
<tr>
<td>7/10/17</td>
<td>Inflammatory/Infectious Disease</td>
<td>Back pain going to lower back, pain in hip when walking, x-ray did not show fracture; steroid injections, oral anti-inflammatories</td>
<td>One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI</td>
</tr>
<tr>
<td>3/15/17</td>
<td>Inflammatory/Infectious Disease</td>
<td>Treatment or conservative therapy; back pain going to lower back, pain in hip when walking, x-ray did not show fracture; steroid injections, oral anti-inflammatories</td>
<td>One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI</td>
</tr>
<tr>
<td>6/20/17</td>
<td>Inflammatory/Infectious Disease</td>
<td>Treatment or conservative therapy; back pain going to lower back, pain in hip when walking, x-ray did not show fracture; steroid injections, oral anti-inflammatories</td>
<td>One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI</td>
</tr>
<tr>
<td>1/15/17</td>
<td>Inflammatory/Infectious Disease</td>
<td>Treatment or conservative therapy; back pain going to lower back, pain in hip when walking, x-ray did not show fracture; steroid injections, oral anti-inflammatories</td>
<td>One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI</td>
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</tbody>
</table>

**Explanation:**

- **Internal Medicine Disapproval:**
  - 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST: Radiology Services Denied
  - Not Medically Necessary

- **Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology:**
  - This study is being ordered for something other than: known trauma or injury, metastatic disease, neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.
  - Date of initial onset:
    - 7/10/17
    - 3/15/17
    - 6/20/17

- **Reasons for Discontinuation:**
  - Pain
    - INFEDS, NORCO, MOVIC
  - Patient has severe pain in neck for over a year, lumbar pain is a 7 out of a 10. Has had no injury or trauma.
    - Had anti-inflammatory meds, muscle relaxers.
  - The patient does have new or changing neurologic signs or symptoms.
    - Neurological deficits
    - Patient has weakness.
    - PATIENT IS HAVING NUMBNESS AND TINGLING IN R. ARM, WEAKNESS IN GRIP.
    - There is not x-ray evidence of a recent cervical spine fracture.

- **Notes:**
  - The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Radiology Services Denied

Not Medically Necessary

This study is being ordered for a neurological disorder.; 07/25/2017; There has been treatment or conservative therapy.; Difficulty initiating sleep, Dizziness, Extremity weakness, Gait disturbance, Headache, Numbness in extremity, Paresthesia, Shaking, Tremors.&amp;#x00A0;Anxiety, Depression, Difficulty concentrating, Feeling down, depressed or hopeless.&amp;#x00A0;Activity limitation., Arthrr; Medications: 09/21/2017 GABAPENTIN, 08/22/2017 METAXALONE, 08/22/2017 TRAMADOL HCL, 05/23/2017 CELECOXIB&amp;#x00A0;DAILY NSAID, TRAMADOL AT HOME FOR MORE SEVERE PAIN.

PATIENT TO INVESTIGATE LOW IMPACT FORMS OF REGULAR EXERCISE WHICH SHOULD NOT PARTICIPATE IN,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if this patient had six weeks of Chiropractic care related to this episode.; Pt involved in MVA 04/30/17 and has had increased pain in his neck and low back with numbness in both legs, more so in left leg. Pt was seeing Dr. Raben for pain management, however, Dr. Raben passed away in May. Pt was referred to Optimal Pain and Wellne

Additional Clinical Information

&amp;gt;
<table>
<thead>
<tr>
<th>Internal Medicine</th>
<th>Disapproval</th>
<th>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</th>
<th>Radiology Services Denied</th>
<th>Not Medically Necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>LOW BACK PAIN AND NECK PAIN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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<td>Patient has experienced increased pain and weakness in bilateral upper extremities that is getting worse.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient has pain and Paresthesia of both upper extremities.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.;</td>
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<td>Patient has pain in upper back, there was negative findings in ultrasound of this area.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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<td></td>
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<td>The patient has experienced increased pain and weakness in bilateral upper extremities that is getting worse.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient has pain and Paresthesia of both upper extremities.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.</td>
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<td>THE ONSET WAS 6 WEEKS AGO. THE COURSE/DURATION OF SYMPTOMS IS CONSTANT AND FLUCTUATING IN INTENSITY.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; RADIATING PAIN TO THE LEFT UPPER EXTREMITY UPPER LEFT CHECK WALL. THE CHARACTER OF SYMPTOMS IS RADIATING PAIN: TO THE LEFT UPPER EXTREMITY. THE DEGREE AT PERSNT IS MODERATE THERE ARE EXACERBATING FACTORS INCLUDING MOVEMENT AND TURNING HEAD RISK FACTORS C</td>
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<td>The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; PATIENT HAD XRAY THAT SHOWED REVERSAL OF NORMAL CERVICAL LORDOSIS WITH THE APEX AT THE C5 LEVEL AND WIDENING OF THE INTERSPACES BETWEEN THE SPINOUS PROCESS AT THE C4-C5 AND C5-C6 LEVELS. FINDINGS IN SUGGESTIVE OF OLD LIGAMENTOUS INJURY, BUT NO FRACTURE, SU</td>
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<td>The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; Pt with chronic neck pain with numbness going to arm</td>
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</tbody>
</table>
This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.

This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; &gt; Enter Additional Clinical Information.

This is a request for cervical spine MRI; Trauma or recent injury; None; No, the patient does not have new or changing neurological signs or symptoms.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/21/2017; There has been treatment or conservative therapy.; neck pain radiating down her back; Steroid Injections and medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/29/16; There has been treatment or conservative therapy.; back pain and spasms; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Internal Medicine Disapproval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

Radiology Services Denied
Not Medically Necessary

; This study is being ordered for a neurological disorder.; Enter date of initial onset here - or Type In Unknown if 08/27/2017; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; ; There has been treatment or conservative therapy.; ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; pt experiencing pain in pain as sharp and throbbing, increasing and worsening.

Patient has pain in upper back, there was negative findings in ultrasound of this area.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Review of Systems &\#x0D; Musculoskeletal: Positive for back pain (pain lying flat or rising and pain bending to tie shoes). &\#x0D; Neurological: Positive for weakness.

Negative for numbness. &\#x0D; Physical Exam &\#x0D; Musculoskeletal: Normal range of motion. He exhibits ten; This study is being ordered for a neurological disorder.;

Back Pain &\#x0D; Associated symptoms: weakness &\#x0D; Associated symptoms: no numbness &\#x0D; A couple of weeks ago while moving 4 wheelers one slipped and fell and he had to lift heard a pop and began having back pain 1-2 days later. He was given tramadol, votaren, ; There has been treatment or conservative therapy.; Midline pain from lower thoracic to lumbar with positive leg raise on left at lower thoracic. He is tender para vertebral as well Musculoskeletal: Positive for back pain (pain lying flat or rising and pain bending to tie shoes). &\#x0D; Neurological: Positive; For acute pain, rest, intermittent application of heat (do not sleep on heating pad), analgesics and muscle relaxants are recommended. &\#x0D; Discussed longer term treatment plan of prn NSAID's and discussed a home back care exercise program with flexion exer; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; 55 year old male states that he is here for a 3 month follow up.&\#x0D; HPI&\#x0D; 54 yo male with PMH of HTN,chronic back pain -- follows up with neuro surgeon and neurologist - also sees pain clinic - Dr. Gera and is on hydrocodone, OSA - on CPAP comes for f/u. He ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.
The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of asymmetric reflexes.

The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; X-ray showed dextroscoliosis, spondylosis and degenerative disk space narrowing @ T8-9.&x003b; Meloxicam not helping; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.

Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/21/2017; There has been treatment or conservative therapy.; neck pain radiating down her back; Steroid Injections and medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The patient does not have new or changing neurologic signs or symptoms.; There is weakness.; Bi lateral legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.

The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The patient does not have new or changing neurologic signs or symptoms.; There is weakness.; tingling; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The patient has acute or chronic back pain.; The patient has none of the above

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient does not have new or changing neurologic signs or symptoms.; There is weakness.; Bi lateral legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; There is weakness.; Tingling; The patient does not have new or changing neurologic signs or symptoms.; There is weakness.; Bi lateral legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 10/23 MAYBE; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
This study is being ordered for inflammatory/ infectious disease; There has been treatment or conservative therapy; back pain going to lower back, pain in hip when walking, xray did not show fracture; steroid injections, oral anti-inflammatories; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; There has been treatment or conservative therapy; back pain and spasms; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; There has been treatment or conservative therapy; PAIN; INFEDS, NORCO, MOVIC; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; There has been treatment or conservative therapy; Patient has severe pain in neck for over a year, lumbar pain is a 7 out of a 10. Has had no injury or trauma; Had anti inflammatory meds, muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Patient is a 61-year-old female that comes in today to discuss some issues. She states that she has a past history of cervical and lumbar DJD. She is having some on and off right-sided sciatica on her lower back. She works as a cleaning lady for harvest; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks; The patient has not seen the doctor more than once for these symptoms.

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms; It is not known if there is weakness or reflex abnormality; The patient does not have new signs or symptoms of bladder or bowel dysfunction; The patient does not have a new foot drop; It is not known if there is x-ray evidence of a lumbar recent fracture.
<table>
<thead>
<tr>
<th>Code</th>
<th>Request Description</th>
<th>Diagnosis/Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>72148 MRI LUMBAR</td>
<td>The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient</td>
<td>Not Medically Necessary</td>
</tr>
<tr>
<td>SPINE OR LOW BACK</td>
<td>has new or changing neurologic signs or symptoms; There is weakness; lumbar</td>
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<td>WITHOUT CONTRAST</td>
<td>spine tender to palpate, Slr pos. bil. 20 deg; The patient does not have new</td>
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<td></td>
<td>signs or symptoms of bladder or bowel dysfunction.; The patient does not have a</td>
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<td>new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</td>
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<td>; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The</td>
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<td>patient does not have new or changing neurologic signs or symptoms.; The patient</td>
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<td>had back pain for over 4 weeks.; The patient has seen the doctor more then once</td>
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<td>for these symptoms.; The physician has directed conservative treatment for the past 6</td>
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<td>weeks.; The patient has not completed 6 weeks of physical therapy.; The patient</td>
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<td>has been treated with medication.; other medications as listed.; The patient has</td>
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<td>not completed 6 weeks or more of Chiropractic care.; The physician has not directed</td>
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<td>a home exercise program for at least 6 weeks.; methylPREDNISolone (MEDROL DOSEPACK)</td>
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<td>4 mg tablet dose pack &amp;x0D; meloxicam (MOBIC) 7.5 MG tablet &amp;x0D; HYDROcodone-</td>
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<td>aceticaminophen (NORCO) 5-325 mg tablet.</td>
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<td>; This study is being ordered for a neurological disorder.; Enter date of initial</td>
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<td>onset here - or Type In Unknown If 08/27/2017; There has been treatment or</td>
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<td>conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI,</td>
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<td>CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty</td>
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<td>is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or</td>
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<td>Radiation Oncology. ; This study is being ordered for something other than:</td>
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<td>known trauma or injury, metastatic disease, a neurological disorder, inflammatory</td>
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<td>or infectious disease, congenital anomaly, or vascular disease.; ; There has not</td>
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<td>been any treatment or conservative therapy.; ; One of the studies being ordered is</td>
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<td>NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The</td>
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<td>ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,</td>
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<td>Surgical Oncology or Radiation Oncology.</td>
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<tr>
<td>31 year old male</td>
<td>The patient has acute or chronic back pain.; The patient has none of the above</td>
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<td>c/o low back pain.</td>
<td>; This study is being ordered for a neurological disorder.; Enter date of initial</td>
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<td>mod/worsening/present several months.</td>
<td>reports low back pain on both right and left side. has not done any</td>
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<td>onset here - or Type In Unknown If 08/27/2017; There has been treatment or</td>
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<td>conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI,</td>
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<td></td>
<td>CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty</td>
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<td>is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or</td>
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<td>Radiation Oncology. ; This study is being ordered for something other than: known</td>
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<td>trauma or injury, metastatic disease, a neurological disorder, inflammatory or</td>
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<td>infectious disease, congenital anomaly, or vascular disease.; ; There has not been</td>
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<td>any treatment or conservative therapy.; ; One of the studies being ordered is NOT</td>
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<td>MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical</td>
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<td>Oncology or Radiation Oncology. ; This study is being ordered for something other</td>
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<td>than: known trauma or injury, metastatic disease, a neurological disorder,</td>
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<td>inflammatory or infectious disease, congenital anomaly, or vascular disease.; ;</td>
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<td>There is not x-ray evidence of a recent lumbar fracture. ...</td>
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<td>; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The</td>
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<td>patient does not have new or changing neurologic signs or symptoms.; The patient</td>
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<td>has back pain for over 4 weeks.; The patient has seen the doctor more then once</td>
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<td>for these symptoms.; The physician has directed conservative treatment for the past 6</td>
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<td>weeks.; The patient has not completed 6 weeks of physical therapy.; The patient</td>
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<td>has been treated with medication.; other medications as listed.; The patient has</td>
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<td>not completed 6 weeks or more of Chiropractic care.; The physician has not directed</td>
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<td>a home exercise program for at least 6 weeks.; methylPREDNISolone (MEDROL DOSEPACK)</td>
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<td>4 mg tablet dose pack &amp;x0D; meloxicam (MOBIC) 7.5 MG tablet &amp;x0D; HYDROcodone-</td>
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<td>aceticaminophen (NORCO) 5-325 mg tablet.</td>
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</table>
CONSTITUTIONAL: Positive for fatigue (much better now). EYES: Positive for blurred vision (bilaterally). E/N/T: Positive for sore throat. CARDIOVASCULAR: Negative for chest pain, palpitations, tachycardia, orthopnea, and edema. RESPIRATORY: The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; GENERAL: well developed, well nourished; well groomed; no apparent distress; EYES: lids and lacrimal system are normal in appearance; extracranial movements intact; conjunctiva and cornea are normal; PERIORBITAL: &x0D; normal EACs, TMs, nasal/oral mucos; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture. Having pain in lumbar region radiating down to hip and calf on left side.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above. He has pain that is moderate to severe that is relieved with medication and rest.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture. History of back surgery, pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above. Injured back about 2 weeks; radiating pain r side down to r leg; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above. Lower back for many years; Worsening &amp; Radiating to right buttock and back of thigh; Takes OTC pain meds, which help a little.&x0D; XR normal; No injury No tingling numbness.&x0D; Physical exam noted tenderness.&x0D; Treating with rest, ice &x0D; MRI needed for Orthopedic s; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above. None; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness in the right side; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture. None; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.
Patient came in on 9/5/2017 with back pain and is still having back pain 09/29/2017; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has not seen the doctor more then once for these symptoms.

Patient reports old injury to back several years ago; has had increased pain of LE bilaterally. Has tried OTC meds as well as prescription meds with no improvement.; The study requested is a Lumbar Spine MRI.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has been treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.

Patient was initially evaluated in the emergency room on 11/15/2017. She was involved in a motor vehicle crash. Shortly after the accident, she developed neck pain and bilateral hip pain. She has been treated with muscle relaxers, steroid injection, oral; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient has no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Patient was lifting weight 4 weeks ago and hurt his back and has been taking muscle relaxers and steroids and none of this is helping; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Patient has weakness, numbness tingling and loss of balance combined with falls, difficulty standing and walking; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Left leg weakness and pain radiating from his back to his knee and ankle; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.
Internal Medicine  Disapproval
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST  Radiology Services Denied Not Medically Necessary
pt has a previous diagnosis of spinal stenosis; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Internal Medicine  Disapproval
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST  Radiology Services Denied Not Medically Necessary
pt has sensorimotor polyneuropathy on LE nerve conduction; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Internal Medicine  Disapproval
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST  Radiology Services Denied Not Medically Necessary
Pt is seeing pain management who is requesting a recent MRI; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Internal Medicine  Disapproval
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST  Radiology Services Denied Not Medically Necessary
r/o cause of back problems; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Internal Medicine  Disapproval
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST  Radiology Services Denied Not Medically Necessary
Reason: CHRONIC BACK PAIN-medrol dose pack to decrease inflammation ON 8/16/17. follow-up on back pain. He continues to suffer from lumbar back pain which has now become chronic in nature, it has not worsened but just persistent. He was prescribed physica; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Internal Medicine  Disapproval
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST  Radiology Services Denied Not Medically Necessary
Review of Systems &<br>Musculoskeletal: Positive for back pain (pain lying flat or rising and pain bending to tie shoes). &br;Neurological: Positive for weakness. Negative for numbness. &br;Physical Exam &br;Musculoskeletal: Normal range of motion. He exhibits ten; This study is being ordered for a neurological disorder.; Back Pain &br;Associated symptoms: weakness &br;Associated symptoms: no numbness &br;A couple of weeks ago while moving 4 wheelers one slipped and fell and he had to lift heard a pop and began having back pain 1-2 days later. He was given tramadol, votaren, ; There has been treatment or conservative therapy.; Midline pain from lower thoracic to lumbar with positive leg raise on left at lower thoracic. He is tender para vertebral as well Musculoskeletal: Positive for back pain (pain lying flat or rising and pain bending to tie shoes). &br;Neurological: Positive; For acute pain, rest, intermittent application of heat (do not sleep on heating pad), analgesics and muscle relaxants are recommended. &br;Discussed longer term treatment plan of prn NSAID's and discussed a home back care exercise program with flexion exorc; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Internal Medicine  Disapproval
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST  Radiology Services Denied Not Medically Necessary
sever lower back pain bi lateral posterior both sides for several weeks; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above
She states once every couple months her legs will feel tingly. She states she isn't any better. She notes some pain relief with hip flexion and sitting/lying. The pain worsens with walking, back extension, and prolonged standing; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; LOW BACK examination: Inspection: normal skin, soft tissue and bony appearance with gentle lumbar lordotic curve, no gross edema or evidence of acute injury; &\&x0D; Palpation: lumbar bilateral lumbar paraspinal muscle pain; &\&x0D; Neuro-vascular: sensation intact ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Twisted his back 3 days ago, sharp pain on the R, at rest 3 out of 10, certain movements 8 out of 10, pain does radiate to R buttock; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Twisted his back 3 days ago, sharp pain on the R, at rest 3 out of 10, certain movements 8 out of 10, pain does radiate to R buttock; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Initial Staging for Eval/treat Multiple Myeloma. Referring Dr's notes state CT of facial bones done first of September show multiple lytic bone lesions involving the skull suggesting Multiple Myeloma or bony metastatic disease.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Ms. Parker presents today and complains of left hip pain really more in the sciatic greater trochanteric bursa region. We reviewed her records and in 2015 she was here with a similar complaint and we did an MRI of the pelvis which revealed edema of the tr; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.
Initial Staging for Eval/treat Multiple Myeloma. Referring Dr’s notes state CT of facial bones done first of September show multiple lytic bone lesions involving the skull suggesting Multiple Myeloma or bony metastatic disease.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

INITIAL STAGING FOR MULTIPLE MYELOMA DIAGNOSED 11/2017; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

The request is for an upper extremity non‐joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or injury.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/3/17; There has been treatment or conservative therapy.; The Excedrin that he takes has only minimally helped.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.";

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.";

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; pt fell and injured her right clavicle the pain is getting worse and swelling

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; pt has pain in his left shoulder
The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Shoulder pain details; he complains of left shoulder pain. The location of the pain is deep, anterior, and posterior. It radiates to the elbow. The pain initially started more than 5 years ago. Related symptoms include shoulder stiffness, numbness, we

1

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; unknown

1

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; 31 year old male with right shoulder pain, suspect torn rotator cuff.

1

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.

1

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.

1

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.

1
This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history [within the last six months] of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT 

&&Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; There is no suspected meniscus, pre-op or post-op evaluation, non-acute Chronic Pain, suspected tumor or Aseptic Necrosis.; There is no symptom of locking, Instability, Swelling, Redness, Limited range of motion or pain. 

&&Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass. 

&&Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 07/2017; There has been treatment or conservative therapy.; pain and swelling; Injections etc; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 

&&Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment. 

&&Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not known if surgery or arthroscopy is scheduled in the next 4 weeks. 

&&Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a foot MRI.; "There is a history [within the past six weeks] of significant trauma, dislocation, or injury to the foot.;" There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion. 

This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI.;" There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture); This is not a pre-operative study for planned surgery.
Internal Medicine Disapproval

73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT
Radiology Services Denied Not Medically Necessary

X-RAY FINDINGS INCONCLUSIVE; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; WITHIN LAST SIX WEEKS; There has not been any treatment or conservative therapy; Has bilateral knee pain with popping when exercises. No injury.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

&It; Enter answer here - or Type In Unknown If No Info Given. &gt; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/3/17; There has been treatment or conservative therapy.; shoulder pain, hip pain; medication, rest, home exercise; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Internal Medicine Disapproval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
Radiology Services Denied Not Medically Necessary

This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.; There is not a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis;

Internal Medicine Disapproval

74150 CT ABDOMEN WITHOUT CONTRAST
Radiology Services Denied Not Medically Necessary

Yes this is a request for a Diagnostic CT

&It; Enter answer here - or Type In Unknown If No Info Given. &gt; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis.;

Internal Medicine Disapproval

74150 CT ABDOMEN WITHOUT CONTRAST
Radiology Services Denied Not Medically Necessary

persistent pain in Abdomen; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis.; Yes this is a request for a Diagnostic CT

Internal Medicine Disapproval

74150 CT ABDOMEN WITHOUT CONTRAST
Radiology Services Denied Not Medically Necessary

This is a request for a Diagnostic CT
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Service denied</th>
<th>Not medically necessary</th>
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<tbody>
<tr>
<td>74150 CT ABDOMEN WITHOUT CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
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<tr>
<td>74150 CT ABDOMEN WITHOUT CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
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<tr>
<td>74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
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<tr>
<td>74175 CT ANGIOGRAPHY ABDOMEN</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
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<tr>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
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<tr>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
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- pt had ultrasound from 12/16 pt still having pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT swollen and tender abdomen; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &x0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT.

- We are going to do a CT of her abdomen. She has been dealing with this now for a while. We cannot seem to make the constipation better.; This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT.

- This is a request for CT Angiography of the Abdomen and Pelvis.

- Yes, this is a request for CT Angiography of the abdomen.

- &lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT.

- &lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 10/23 MAYBE; It is not known if there has been any treatment or conservative therapy.; &lt;Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/2015; There has been treatment or conservative therapy.; check for growth of changes; surveillance; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT

fever, concerned for appendicitis; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT

Ms. Liebich presents with generalized abdominal pain. It began 2 weeks ago. The onset of pain occurred with no apparent trigger. It is of moderate intensity. She estimates that the frequency of pain is constant. Aggravating factors include defecation; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

Palpable mass; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT
Physical exam:

- Abdomen: Soft with no organomegaly, masses or tenderness. Bowel sounds present throughout. She has fairly demarcated tenderness to palpation of the skin in the dermatome area of approximately T8 or T9 on the left. No visible rash. No po.
- This study is being ordered for Inflammatory/Infectious Disease.
- 01/05/17; There has been treatment or conservative therapy.
- Pain is located in the left lateral lower chest area and radiates sometimes into the front sometimes down to her pelvic bone area.
- Pain is located in the left lateral lower chest area and radiates sometimes into the front sometimes down to her pelvic bone area. It is sensitive to touch and is not affected by activity. Nothing she does can make it go away.
- ibuprofen may help some.
- b; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
- The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
- This is a request for an abdomen-pelvis CT combination.
- A urinalysis has been completed.
- The reason for the study is renal calculi, kidney or ureteral stone.
- This study is not being requested for abdominal and/or pelvic pain.
- The study is not requested for hematuria.
- The results of the urinalysis were abnormal.
- The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.
- Yes this is a request for a Diagnostic CT.
- This is a request for an abdomen-pelvis CT combination.
- A urinalysis has been completed.
- The study is being ordered for chronic pain.
- This is the first visit for this complaint.
- The patient did not have an Amylase or Lipase lab test.
- Yes this is a request for a Diagnostic CT.
- This is a request for an abdomen-pelvis CT combination.
- A urinalysis has been completed.
- The study is being ordered for chronic pain.
- This is the first visit for this complaint.
- It is unknown if the patient had an Amylase or Lipase lab test.
- Yes this is a request for a Diagnostic CT.
- This is a request for an abdomen-pelvis CT combination.
- A urinalysis has been completed.
- The study is being ordered for chronic pain.
- This is the first visit for this complaint.
- The patient did not have an Amylase or Lipase lab test.
- Yes this is a request for a Diagnostic CT.
<table>
<thead>
<tr>
<th>Request</th>
<th>CT Type</th>
<th>Reason</th>
<th>Lab Test Result</th>
<th>CT Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td></td>
</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td></td>
</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td></td>
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<tr>
<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
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<tr>
<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td></td>
</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; The patient did not have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td></td>
</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other.; Yes this is a request for a Diagnostic CT</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td></td>
</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other.; 6 month return. Not Positional. No bladder Trouble. No dysuria and No bleeding. Having Trapezius Muscle Pain.no GERD Sx.; Yes this is a request for a Diagnostic CT</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td></td>
</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other.; Abdominal pain; Yes this is a request for a Diagnostic CT</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td></td>
</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other.; elevated liver enzymes, ascites w/abdominal pain; Yes this is a request for a Diagnostic CT</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
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</tbody>
</table>
This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT 5

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT 3

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT 2

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT 1

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT 5

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT 1

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT 2

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT 4

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT 1
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Ultrasound on 07/05/2017 recommended 3 month follow up CT with contrast for Low-density lesions in the right lobe of the liver, some of which appear to be tiny cysts, however some of those are too small to accurately characterize. Largest measured 6.3mm; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>UNEXPLAINED UNINTENTIONAL WEIGHT LOSS; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST</td>
<td>This is a request for a MR Angiogram of the abdomen.</td>
</tr>
<tr>
<td>75557 Cardiac MRI Morph &amp; structure w/o contrast 77058 MRI breast,without and/or with contrast material(s);unilateral 77058 MRI breast,without and/or with contrast material(s);unilateral 77084 Magnetic resonance imaging, bone marrow blood supply</td>
<td>This is a request for a heart or cardiac MRI.</td>
</tr>
<tr>
<td>77058 MRI breast,without and/or with contrast material(s);unilateral 77058 MRI breast,without and/or with contrast material(s);unilateral 77084 Magnetic resonance imaging, bone marrow blood supply</td>
<td>This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.</td>
</tr>
<tr>
<td>77058 MRI breast,without and/or with contrast material(s);unilateral 77084 Magnetic resonance imaging, bone marrow blood supply</td>
<td>This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.</td>
</tr>
<tr>
<td>77084 Magnetic resonance imaging, bone marrow blood supply</td>
<td>Initial staging for Multiple Myeloma; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
</tr>
<tr>
<td>Procedure</td>
<td>Radiology Services</td>
</tr>
<tr>
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</tr>
<tr>
<td>Myocardial perfusion imaging, tomographic (SPECT); single study</td>
<td>Not Medically Necessary</td>
</tr>
</tbody>
</table>

1. It is not known if the patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient’s age is between 45 and 64 years old.  
2. The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.  
3. This study is being ordered as a pre-operative evaluation.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; It is not known if the patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.  
4. Abnormal EKG have one Twave that appears more prominent and we could do a stress test to confirm that this isn’t worrisome. I’ll order one; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.
<table>
<thead>
<tr>
<th>Insurance Plan</th>
<th>Services Denied</th>
<th>Radiology Services Denied</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Medicine</td>
<td>Disapproval</td>
<td>Myocardial perfusion imaging, tomographic (SPECT); single study</td>
<td>Radiology Services Denied</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CARDIO TESTIN DUE TO NEWLY DISCOVERED FAMILY HX OF CVD. ONE BROTHER HAS HAD AN MI AND TWO STENTS PLACED. HER OTHER BROTHER HAD NO SYMTOMPS BUT WAS CHECKED AND FOUND OUT HE NEEDS VALVE REPLACEMENT AND HAS ANEURYSM. HER MOTHER AND SISTER BOTH HAVE HEART MU; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.</td>
<td></td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>Disapproval</td>
<td>Myocardial perfusion imaging, tomographic (SPECT); single study</td>
<td>Radiology Services Denied</td>
</tr>
<tr>
<td></td>
<td></td>
<td>chest pain, head aches; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.</td>
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<tr>
<td>Internal Medicine</td>
<td>Disapproval</td>
<td>Myocardial perfusion imaging, tomographic (SPECT); single study</td>
<td>Radiology Services Denied</td>
</tr>
<tr>
<td></td>
<td></td>
<td>COPD SOB PAIN UPON EXERTION; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.</td>
<td></td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>Disapproval</td>
<td>Myocardial perfusion imaging, tomographic (SPECT); single study</td>
<td>Radiology Services Denied</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ellen was abnormal; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.</td>
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<tr>
<td>Internal Medicine</td>
<td>Disapproval</td>
<td>Myocardial perfusion imaging, tomographic (SPECT); single study</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>family history CAD; angina reported at ER.; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.</td>
<td></td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>Disapproval</td>
<td>Myocardial perfusion imaging, tomographic (SPECT); single study</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Has been having chest pain off and on -Fisbell LPN. 2. 152/98 recheck 150/90; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.</td>
<td></td>
</tr>
</tbody>
</table>
Mrs Buerer is 44yo G3P3 s/p TAH/BSO lady (not working) with significant history of HTN, HLD, fibromyalgia and artificial menopause, followed by Jarrod Jerry DPN, referred for evaluation of chest discomfort and hypertension. She reports progressive symptom; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.

This 59 year old male presents for FATIGUE.

History of Present Illness:
1. FATIGUE
He has increasing fatigue and DOE. He is not having any chest pain. He is compliant with his BIPAP. He falls asleep frequently during the day.; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are no documented clinical findings of hypertension.; The patient is not diabetic.; The patient has not had a recent non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has a physical limitation to exercise.; The patient is male.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

This is a MPI w/ exercise pt has shortness of breath and chest pain; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for evaluation of the heart prior to non cardiac surgery.

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is requested for known or suspected valve disorders.

unknown; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.
<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Procedures/Description</th>
<th>Approval/Disapproval</th>
<th>Radiology Services</th>
<th>Medical Necessity</th>
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<tr>
<td>78813</td>
<td>PET IMAGING WHOLE BODY</td>
<td>Disapproval</td>
<td>Not Medically Denied</td>
<td>Not Medically Necessary</td>
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<tr>
<td>78816</td>
<td>PET IMAGING FOR CT ATTENUATION WHOLE BODY</td>
<td>Disapproval</td>
<td>Not Medically Denied</td>
<td>Not Medically Necessary</td>
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<td>93350</td>
<td>ECHO TTHRC R-T 2D →M-MODE COMPLETE REST&amp;STRS</td>
<td>Disapproval</td>
<td>Not Medically Denied</td>
<td>Not Medically Necessary</td>
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<tr>
<td>G0297</td>
<td>Low dose CT scan (LDCT) for lung cancer screening</td>
<td>Disapproval</td>
<td>Not Medically Denied</td>
<td>Not Medically Necessary</td>
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<tr>
<td>70496</td>
<td>CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST</td>
<td>Approval</td>
<td>Not Medically Denied</td>
<td>Not Medically Necessary</td>
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<td>70496</td>
<td>CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONT RAST</td>
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<td>Not Medically Necessary</td>
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<tr>
<td>70498</td>
<td>CT ANGIOGRAPHY NECK W/CONTRAST/NONCONT RAST</td>
<td>Approval</td>
<td>Not Medically Denied</td>
<td>Not Medically Necessary</td>
</tr>
</tbody>
</table>

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; The patient does NOT have Thyroid or Brain cancer.; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; This is NOT a Medicare member.

This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is unknown if the member has known or suspected coronary artery disease.

This is a request for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; It is unknown when or if the patient quit smoking. &lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; It is unknown when or if the patient quit smoking. 

This request is for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is unknown if the member has known or suspected coronary artery disease.

This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; The patient does NOT have Thyroid or Brain cancer.; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; The patient does NOT have Thyroid or Brain cancer.; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is unknown if the member has known or suspected coronary artery disease.

This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease.
Interventional Radiologists Approval 70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

possibility of right M1 occlusion; This study is being ordered for a neurological disorder.; August 2017; There has been treatment or conservative therapy.; Weakness, dizziness, numbness; Cerebral Arteriogram, 4 Vessel; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology diagnosed with hht; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/19/2017; There has not been any treatment or conservative therapy.; STRONG FAM HX OF HHT, HEPATITIS, visible telangiectasia’s; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Interventional Radiologists Approval 70544 Mr angiography head w/o dye

Suspected CNS VZV Vasculitis with predominant involvement of Left MCA and ACA&nKB; H/O Left MCA strokes.; This study is being ordered for a neurological disorder.; 07/2017; There has been treatment or conservative therapy.; This is a follow up to surgery. Patient still has gait, speech and memory difficulties.; Cerebral intervention studies, cerebral arteriogram, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Interventional Radiologists Approval 70544 Mr angiography head w/o dye

There is an immediate family history of aneurysm.; This is a request for a Brain MRA. diagnosed with hht; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/19/2017; There has not been any treatment or conservative therapy.; STRONG FAM HX OF HHT, HEPATITIS, visible telangiectasia’s; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Interventional Radiologists Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Suspected CNS VZV Vasculitis with predominant involvement of Left MCA and ACA&nKB; H/O Left MCA strokes.; This study is being ordered for a neurological disorder.; 07/2017; There has been treatment or conservative therapy.; This is a follow up to surgery. Patient still has gait, speech and memory difficulties.; Cerebral intervention studies, cerebral arteriogram, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Interventional Radiologists Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

diagnosed with hht; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/19/2017; There has not been any treatment or conservative therapy.; STRONG FAM HX OF HHT, HEPATITIS, visible telangiectasia’s; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Interventional Radiologists Approval 71250 CT CHEST, THORAX 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.
Interventional Radiologists  Approval  72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; &lt;Enter Additional Clinical Information&gt;; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam. The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.

Interventional Radiologists  Approval  72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.

Interventional Radiologists  Approval  72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection

Interventional Radiologists  Approval  74150 CT ABDOMEN WITHOUT CONTRAST

This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &lt;ND: Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &lt;ND: Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT

Interventional Radiologists  Disapproval  72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Radiology Services Denied Not Medically Necessary

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; &lt;Enter Additional Clinical Information&gt;; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

Nephrology  Approval  70544 Mr angiography head w/o dye

There is an immediate family history of aneurysm.; This is a request for a Brain MRA. There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.

Nephrology  Approval  70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

There is an immediate family history of aneurysm.; This is a request for a Brain MRA. There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.

Nephrology  Approval  71250 CT CHEST, THORAX

There is an immediate family history of aneurysm.; This is a request for a Brain MRA. There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.

Nephrology  Approval  70544 Mr angiography head w/o dye

There is an immediate family history of aneurysm.; This is a request for a Brain MRA. There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.

Nephrology  Approval  70544 Mr angiography head w/o dye

There is an immediate family history of aneurysm.; This is a request for a Brain MRA. There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.
Abnormal imaging test describes the reason for this request. This is a request for a Chest CT. Yes this is a request for a Diagnostic CT

Chest pain describes the reason for this request. An abnormal finding on physical examination led to the suspicion of infection. This is a request for a Chest CT. This study is being requested for known or suspected infection (pneumonia, abscess, empyema). This is a request for a Diagnostic CT

This is a request for a lumbar spine CT. The patient has a history of severe low back trauma or lumbar injury. Yes this is a request for a Diagnostic CT

This is a request for a cervical spine MRI. It is not known if there is laboratory evidence of osteomyelitis. Known or Suspected Multiple Sclerosis, Infection or abscess; There is not laboratory or x-ray evidence of meningitis; It is not known if there is laboratory or x-ray evidence of a paraspinal abscess; It is not known if there is laboratory or x-ray evidence of an infected disc, septic arthritis, or “discitis”.

This is a request for CT Angiography of the Abdomen and Pelvis.

Yes, this is a request for CT Angiography of the abdomen. Patient has Chronic Kidney Disease. This is a request for an abdomen-pelvis CT combination. A urinalysis has been completed. This study is being requested for abdominal and/or pelvic pain. The results of the urinalysis were abnormal. It is not known if the urinalysis was positive for bilirubin, ketones, nitrites, hematuria/blood, glucose or protein. The study is being ordered for chronic pain. This is the first visit for this complaint. It is unknown if the patient had an Amylase or Lipase lab test. Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination. A urinalysis has not been completed. This study is being requested for abdominal and/or pelvic pain. The patient did not have a amylase or lipase lab test. Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination. The reason for the study is known tumor. This study is not being requested for abdominal and/or pelvic pain. The study is not requested for hematuria. Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination. The reason for the study is organ enlargement. There is ultrasound or plain film evidence of an abdominal organ enlargement. It is not known if this study is being requested for abdominal and/or pelvic pain. The study is not requested for hematuria. Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination. The reason for the study is pre-op or post op evaluation. This study is not being requested for abdominal and/or pelvic pain. The study is not requested for hematuria. Yes this is a request for a Diagnostic CT
This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT

MRI Abdomen on 10-8 while inpatient at hospital. Mass found on his R-Kidney that was causing hemorrhage of right kidney. This is follow-up for comparison to see if further treatment is required.; This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is NOT presenting new signs or symptoms.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They had an Abdomen MRI in the last 10 months.

This study is being ordered as a pre-operative evaluation.; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had a recent non-nuclear stress test.; The patient had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient is female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/05/2017; There has not been any treatment or conservative therapy.; PT is having sharp pain in the thoracic area to the neck and extends into lower extremities . Tingling; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

&amp;lt;Enter answer here - or Type In Unknown If No Info Given. &amp;gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
Medical Decision Support

Nephrology Disapproval

Radiology Services Denied

Not Medically Necessary

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/17/2017; There has not been any treatment or conservative therapy.; PAIN, NUMBNESS, TINGLING; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Nursing 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Radiology Services Denied

Not Medically Necessary

None; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/05/2017; There has not been any treatment or conservative therapy.; PT is having sharp pain in the thoracic area to the neck and extends into lower extremities. Tingly; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Nephrology Disapproval

Radiology Services Denied

Not Medically Necessary

Surgical Oncology or Radiation Oncology

One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Nephrology Disapproval

Radiology Services Denied

Not Medically Necessary

One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Nephrology Disapproval

Radiology Services Denied

Not Medically Necessary

lumbar radiculopathy; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above.

Nephrology Disapproval

Radiology Services Denied

Not Medically Necessary

One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Nephrology Disapproval

Radiology Services Denied

Not Medically Necessary

Pre kidney transplant evaluation; hx hypertension; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Nephrology Disapproval

Radiology Services Denied

Not Medically Necessary

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Nephrology Disapproval

Radiology Services Denied

Not Medically Necessary

This is a request for a Diagnostic CT.

Nephrology Disapproval

Radiology Services Denied

Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT.

Nephrology Disapproval

Radiology Services Denied

Not Medically Necessary

This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT.
This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT Pre kidney transplant evaluation; hx hypertension; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCt, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.

This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCt, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.

dizziness, memory loss, focal weakness, seizures, has shunt put in - make sure not off.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.

Found some masses on her skull, R/O any concerns they may have about them; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.

Patient was seen on 11/29/17 in our office. She complains of headaches. She has a history of shunt placement in 1993. Shunt was functioning well up until recently, after she claimed to have had a seizure. Associated symptoms include blurred vision, dizziness; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.

The Pt has slurred speech, right facial droop, left arm weakness, dysphasia; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.

This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.
<table>
<thead>
<tr>
<th>Neurological Surgery</th>
<th>Approval</th>
<th>70450 CT BRAIN, HEAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>This is a request for a brain/head CT.; Evaluation of known or suspected brain bleeding (hemorrhage, hematoma, subdural) best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>This is a request for a brain/head CT.; Known or suspected inflammatory disease best describes the reason that I have requested this test.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>This is a request for a brain/head CT.; ‘None of the above’ best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>This is a request for a brain/head CT.; Post-operative evaluation best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>This is a request for a brain/head CT.; The patient has a known brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for a previous stroke or aneurysm.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The study is NOT being requested for evaluation of a previous stroke or aneurysm.</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>This is a request for a brain/head CT.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for a previous stroke or aneurysm.</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Neurological Surgery</td>
<td>Approval</td>
<td>70450 CT BRAIN, HEAD</td>
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<tr>
<td>This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.</td>
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.</td>
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<tbody>
<tr>
<td>This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital abnormality.</td>
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<thead>
<tr>
<th>Neurological Surgery</th>
<th>Approval</th>
<th>70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST</th>
</tr>
</thead>
<tbody>
<tr>
<td>This is a request for a CT Angiography of the neck.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT</td>
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<thead>
<tr>
<th>Neurological Surgery</th>
<th>Approval</th>
<th>70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pt is a heavy smoker with MR evidence of lacunar infarcts and thoracic AV Fistula, CTA requested to evaluate circulation; This study is being ordered for Vascular Disease.; 02/2017; There has been treatment or conservative therapy.; Ataxic gait, burning in feet, numbness in legs, fainting spells, vertigo, unsteadiness; Started High blood pressure medication 2/1/2017 - Valsartan HCTZ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<tr>
<th>Neurological Surgery</th>
<th>Approval</th>
<th>70540 MRI ORBIT/FACE/NECK W/O DYE</th>
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</thead>
<tbody>
<tr>
<td>This is a request for an Orbit MRI.; There is a history of orbit or face trauma or injury.</td>
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</tbody>
</table>
Neurological Surgery Approval 70544 Mr angiography head w/o dye
- There is an immediate family history of aneurysm.; This is a request for a Brain MRA.
- There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.
- There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.

Neurological Surgery Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
- There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.
- There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.
- There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.
- There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.

Neurological Surgery Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
- This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.
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<td>27 year old male presents with history of intermittent headaches and occasional episodes of deja vu, dizziness which have increased in frequency. He reports suboccipital headaches and pressure that are exacerbated by Valsalva on a daily basis ad can wake h; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache. Cerebral cysts; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</td>
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Chiari I. Completion studies and cine flow. May need dysautonomia eval. Follow up after.; This study is being ordered for a neurological disorder.; Duration: 3 years; There has been treatment or conservative therapy.; 27 yo son of a Chiari patient with Valsalva headaches, neck pain, visual issues, tinnitus, speech issues, brain fog, neck/ back pain, balance issues. MRI shows 5 mm tonsillar herniation C/W Chiari. Studies not available for review/ only report. No CT/L/S; Medications & Rx OD; Flonase Allergy Relief 50 mcg/actuation nasal spray, suspension & Rx OD; Sprays 1 spray(s) every day by intranasal route. & Rx OD; 06/08/17 entered Tana Nowlin & Rx OD; lisinopril 10 mg tablet & Rx OD; Take 1 tablet(s) every day by oral route. & Rx OD; 06/08/1; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Follow up for frontal meningioma found on MRI brain 2/15/17 demonstrating 14 mm left paramidline anterior cranial fossa meningioma. 6 month follow up to evaluate for growth.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.

For the headaches and numbness of the hand a decision was made to proceed with a consultation with Dr. Elizabeth Sullivan and an MRI of the Brain with and without contrast.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

Here for 6 week f/u S/P SOD. Wound C/D/I flat Has some right trapezius weakness C/W accessory nerve dysfunction and incisional issues, neck stiffness. Otherwise neuro - intact. Refill meds and 6 weeks with MRI head neck cine flow. Has had issues with Lyme; This study is being ordered for a neurological disorder.; 12/27/16; There has been treatment or conservative therapy.; 48 year old female presents with long standing history of headaches SO and frontally exacerbated by Valsalva and getting worse. She pinpoints MVA in early 2000s as onset. She also c/o visual issues at tiems, tinnitus, dizziness at times as well as stutter; Here for 6 week f/u S/P SOD. Wound C/D/I flat Has some right trapezius weakness C/W accessory nerve dysfunction and incisional issues, neck stiffness. Otherwise neuro - intact. Refill meds and 6 weeks with MRI head neck cine flow. Has had issues with Lyme; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
I spoke with Ms. Ellis yesterday who states she continues to have the same pain she was having at her last post op visit back in October. She states her pain follows her teeth line and does not go up toward her eye as it did prior to the surgery but that;

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MRI Brain w/wo contrast performed at Ouachita County on 9/27/2017; 13mm oval fluid intensity mass is noted in the pineal gland. There may be minimal enhancement of the cyst wall but there is no internal enhancement. No mass effect. No Obstructive hydroce; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

Mrs. Harrison returns following an additional 3 1/2 months of continued chemotherapy for her metastatic breast cancer. History significant for left frontotemporal dural-based metastasis on 7/20/15, followed by whole brain radiation in 2016. Ms. Harrison's; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.

Ms. Johnson's imaging demonstrates cerebellar tonsillar ectopia with symptoms consistent with either cervical radiculopathy or intermittent CSF flow obstruction. Symptoms include blurred vision, dizziness, eye pain, loss of balance, nausea, neck pain, num; This study is being ordered for a neurological disorder.; September 2017; There has not been any treatment or conservative therapy.; Symptoms include blurred vision, dizziness, eye pain, loss of balance, nausea, neck pain, numbness (right forearm, 4th and 5th fingers), tingling, visual change and vomiting; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

PATIENT IS HAVING A 2YEAR FOLLOW UP FOR PINEAL CYST; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The headache is not described as a "thunderclap" or the worst headache of the patient’s life.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is a new and sudden onset of headache (less than 1 week) not improved by pain medications.
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<td>Pt with known meningioma. having increased HA, time for 6 mos follow up to eval brain tumor; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The headache is not described as a “thunderclap” or the worst headache of the patient’s life.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is a new and sudden onset of headache (less than 1 week) not improved by pain medications.</td>
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<td>Pt with tumor found on scan in April 2017 coming for 6 mos surveillance; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.</td>
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<td>Re to follow up after studies. MRI showed possible left foraminal impingement but EMG did not confirm radicular issues. CT neck shows stable fusion and hardware and mild multilevel foraminal narrowing. The C5/C6 HNP is essentially gone. MRI head with cine; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.</td>
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<td>THE DR IS GOING TO CHECK THE STABLE OF THE TYPE 1 CHIARI MALFORMATION AND CHECK AGAIN FOR SYRINGOMYELIA IN HER CERVICAL SPINAL CORD; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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2

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis); There are recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; The patient has a congenital abnormality.

1

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; The doctor does not note on exam that the patient has delirium or acute altered mental status.; The patient does have a Brain CT showing abscess, brain infection, meningitis or encephalitis.; This is NOT a Medicare member.

1

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal.

2

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.

1

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.

2

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.

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This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.

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<td>Will fax; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell’s Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</td>
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<tr>
<td>Neurological Surgery</td>
<td>Approval</td>
<td>71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST</td>
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<tr>
<td>Enter answer here - or Type In Unknown If No Info Given.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; numbness, weakness, headaches, pain; medications , pt.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<tr>
<td>Neurological Surgery</td>
<td>Approval</td>
<td>72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST</td>
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<td>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; numbness, weakness, headaches, pain; medications , pt.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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This study is being ordered for a neurological disorder; 07/01/2012; There has been treatment or conservative therapy; Neck and back pain, Arm and leg pain; Surgery on neck; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

6mo history of progressively worsening neck pain exacerbated by activity and extension. No clear radiculopathy but with occasional right small finger numbness and tingling. No signs of myelopathy. CT of the cervical spine reveals spondylosis at 6/7. I dis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; last 6 months; There has been treatment or conservative therapy; neck pain with bilateral shoulder blade pain, numbness/tingling/weakness, especially right fingers. worsens with activity; Physical therapy ordered 10/13/2017
Diclofenac ordered 10/13/2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

left upper extremity numbness pain and tingling right hand numbness and tingling worse when moving his head shooting pain down spine when moving neck; This study is being ordered for trauma or injury; approximately 2 years ago; There has been treatment or conservative therapy; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; anti inflammatories physical therapy muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

N/A; This study is not to be part of a Myelogram; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.
The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.; This study is being ordered for another reason besides Abnormal gait, Lower extremity weakness, Asymmetric reflexes, Documented evidence of Multiple Sclerosis, &B#038;D; Bowel or bladder dysfunction, Evidence of new foot drop, etc... 3

The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Abnormal gait. 3

The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness. 2

This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to follow-up surgery or fracture within the last 6 months.; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.".; There is a reason why the patient cannot have a Cervical Spine MRI. 6

This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; The patient is experiencing or presenting symptoms of bowel or bladder dysfunction.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI. 1

This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT &It; Enter answer here - or Type in Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/31/17; There has been treatment or conservative therapy.; numbness, tingling; PT, medicines.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 24

&lt;Enter answer here - or Type in Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; numbness, weakness, headaches, pain; medications, pt.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1
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<thead>
<tr>
<th>Neurological Surgery</th>
<th>Approval 72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST</th>
<th>Neurological Surgery</th>
<th>Approval 72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST</th>
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<tr>
<td>Herpes simplex virus</td>
<td>Treatment for trauma or injury.; multiple compression fractures, s/p fusion and multiple kyphoplasty now with worsening pain.; There has been treatment or conservative therapy.; shoulder blade pain, low back pain.; Physical therapy, injections, kyphoplasty, pain medication. Inpatient rehab.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
<td>It is not known if the study is for follow up or staging.; The patient is undergoing active treatment for cancer.; This is a request for a thoracic spine CT.; The study is being ordered due to pre-operative evaluation.; There is a reason why the patient cannot undergo a thoracic spine MRI.; There is a known condition of tumor.; Yes this is a request for a Diagnostic CT L1 compression fracture with kyphotic deformity that is not improving with conservative therapy/bracing; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
<td>Patient has thoracic fractures and needing to see if they have healed on their own.; This is a request for a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT patient is s/p corpectomy with fusion and having increase in low back pain.; This study is being ordered for trauma or injury.; 6/2017; There has been treatment or conservative therapy.; increasing low back pain, bladder incontinence.; pain medications, surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>Neurological Surgery</td>
<td>Approval</td>
<td>72131 CT LUMBAR SPINE, LOW BACK</td>
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<td>CT/LUMBAR SPINE, LOW BACK</td>
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<td>CT/MRI; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; unknown; There has been treatment or conservative therapy; numbness, weakness, headaches, pain; medications; pt.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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<td>This study is being ordered for a neurological disorder; 07/01/2012; There has been treatment or conservative therapy; Neck and back pain, Arm and leg pain; Surgery on neck; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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<td>This study is being ordered for trauma or injury; multiple compression fractures, s/p fusion and multiple kyphoplastys now with worsening pain; There has been treatment or conservative therapy; shoulder blade pain, low back pain; Physical therapy, injections, kyphoplasty, pain medication. Inpatient rehab; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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<td>6mo history of progressively worsening neck pain exacerbated by activity and extension. No clear radiculopathy but with occasional right small finger numbness and tingling. No signs of myelopathy. CT of the cervical spine reveals spondylosis at 6/7; I dis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; last 6 months; There has been treatment or conservative therapy; neck pain with bilateral shoulder blade pain, numbness/tingling/weakness, especially right fingers. worsens with activity; Physical therapy ordered 10/13/2017 &amp; rx DD; Diclofenac ordered 10/13/2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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<td>This study is being ordered for a neurological disorder.; 10/01/2017; There has not been any treatment or conservative therapy.; Sharp lbp; progressing into rt buttock and down into rt leg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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<td>This study is being ordered for a neurological disorder.; 10/01/2017; There has not been any treatment or conservative therapy.; Sharp lbp; progressing into rt buttock and down into rt leg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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<td>This study is being ordered for a neurological disorder.;</td>
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Neurological Surgery Approval 72131 CT LUMBAR SPINE, LOW BACK

BYPASSED, WILL FAX IN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Neurological Surgery Approval 72131 CT LUMBAR SPINE, LOW BACK

Including a myelogram.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Neurological Surgery Approval 72131 CT LUMBAR SPINE, LOW BACK

L1 compression fracture with kyphotic deformity that is not improving with conservative therapy/bracing; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Neurological Surgery Approval 72131 CT LUMBAR SPINE, LOW BACK

patient is s/p corpectomy with fusion and having increase in low back pain.; This study is being ordered for trauma or injury.; 6/2017; There has been treatment or conservative therapy.; increasing low back pain, bladder incontinence.; pain medications, surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Neurological Surgery Approval 72131 CT LUMBAR SPINE, LOW BACK

Patient with a history of kidney disease with pelvic and low back pain.; This study is being ordered for a neurological disorder.; 9/27/2017; There has been treatment or conservative therapy.; Low Back pain/pelvic pain; Exercise/pain meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Neurological Surgery Approval 72131 CT LUMBAR SPINE, LOW BACK

This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT.

Neurological Surgery Approval 72131 CT LUMBAR SPINE, LOW BACK

This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT.

Neurological Surgery Approval 72131 CT LUMBAR SPINE, LOW BACK

This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT.

Neurological Surgery Approval 72131 CT LUMBAR SPINE, LOW BACK

This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is to be part of a myelogram or discogram.; Yes this is a request for a Diagnostic CT.

Neurological Surgery Approval 72131 CT LUMBAR SPINE, LOW BACK

This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT.
<table>
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<tr>
<th>Neurological Surgery</th>
<th>Approval</th>
<th>72131 CT LUMBAR SPINE, LOW BACK</th>
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</table>
|                       |         | This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT ; Yes this is a request for a

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<th>Neurological Surgery</th>
<th>Approval</th>
<th>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</th>
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<td></td>
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<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 3 out of 5; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</td>
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<tr>
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<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Right arm; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</td>
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<td></td>
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<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; UPPER EXTREMITY PAIN W/WEAKNESS &amp; NUMBNESS RADIATING TO HANDS AND FEET; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</td>
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<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt;Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt;Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt;Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt;Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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</table>
Neurological Surgery Approval
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 10/12/2017; There has not been any treatment or conservative therapy.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; &lt; Enter answer here - or Type In Unknown If No Info Given &gt;; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Neurological Surgery Approval
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; August 2017; There has not been any treatment or conservative therapy.; leg pain bilateral radiates to lateral upper thigh tingling in back of calves left arm pain upper bicep and deltoid region feels pinpricks in his arms at times lumbar stenosis bilateral radicular pain in lower extremeties new onset of worsening radicula; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Neurological Surgery Approval
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

This study is being ordered for trauma or injury.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; &lt; Enter answer here - or Type In Unknown If No Info Given &gt;; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Neurological Surgery Approval
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

This study is being ordered for a neurological disorder.; Neck is early 2017 and the back is from surgery on 09/20/2017.; There has been treatment or conservative therapy.; Back is post op eval.&amp;#x0D; &amp;#x0D; Neck--He also c/o posterior neck pain and left arm pain and lower arm and hand weakness. Onset was “early in 2017”. Precipitating cause is unknown. Denies fall, trauma, or injury. No history of neck surgery or left arm surgery. He; Back is post op surgery.&amp;#x0D; &amp;#x0D; Neck--NSAIDS and therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
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<th>Date</th>
<th>Description</th>
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<tr>
<td>12/15/2017</td>
<td>Checking proximal spine for stenosis, patient has had prior neck injury with neck pain, radiation to the head; This study is being ordered for a neurological disorder; 12/15/2017; There has been treatment or conservative therapy; Bilateral lower extremity pain and cramping; Patient received and Epidural Steroid Injection on 11/28/2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>3/4/2017</td>
<td>One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; Cyclobenzaprine 10 MG &amp; Gabapentin 600 MG back pain; This study is being ordered for a neurological disorder. 3/4/2017; There has been treatment or conservative therapy; neck pain, numbness and weakness in arm, head aches, numbness and weakness in both legs; PT, medications, steroid patch.</td>
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<tr>
<td>4/5/2016</td>
<td>Checking proximal spine for stenosis, patient has had prior neck injury with neck pain, radiation to the head; This study is being ordered for a neurological disorder. 4/5/2016; There has been treatment or conservative therapy; Patient received and Epidural Steroid Injection on 11/28/2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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Chiari I. Completion studies and cine flow. May need dysautonomia eval. Follow up after.; This study is being ordered for a neurological disorder.; Duration: 3 years; There has been treatment or conservative therapy.; 27 yo son of a Chiari patient with Valsalva headaches, neck pain, visual issues, tinnitus, speech issues, brain fog, neck/ back pain, balance issues. MRI shows 5 mm tonsillar herniation C/.W Chiari. Studies not available for review/ only report. No CT/L/S; Medications Reviewed Medications&x0D; Flonase Allergy Relief 50 mcg/actuation nasal spray,suspension&x0D; Spray 1 spray(s) every day by intranasal route.&x0D; 06/08/17 entered Tana Nowlin&x0D; lisinopril 10 mg tablet&x0D; Take 1 tablet(s) every day by oral route.&x0D; 06/08/1; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Chiari I. send for completions and cine flow and revisit. Could be a surgical candidate.; This study is being ordered for Congenital Anomaly.; Duration: date of onset: (2015); There has been treatment or conservative therapy.; 30 year old male works at Middleton heat an air. He has right SO headaches radiating to right eye and top of head exacerbated by bending. vALSALVA. hAS NOT RESPONDED TO A HOST OF HEADACHE INTERVENTIONS. Burning in legs and feet at times. No ear, swallow o; He was referred to us by Dr. David Brown.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Cspine has neurological disorder; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

en months out from severe motor vehicle accident with loss of consciousness with persistent neck and back pain. Noted to have minor fractures of the neck and back at that time. Continues to be plagued with severe neck and back pain. We will get involved w; This study is being ordered for trauma or injury.; Feb. 2017; There has been treatment or conservative therapy.; Was dx with cervical fx, maybe some hairline fx in the low back.&x0D; Cont w neck pain to the right shoulder/scap/trap area. Has some days he cant even lift his arm. Right arm pain and numbness to the fingertips. Wakes up with his arm being dead asleep. Heada; Clycobenzaprine, Gabapentin, Tramadol, Trazodone.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

hep no relief; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ongoing 8 years worsening in the last year; There has been treatment or conservative therapy.; neck and mid back pain; numbness and pain bilateral arms; grip loss; pt; pain management; nsaid therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
Neurological Surgery Approval
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Here for 6 week f/u S/P SOD. Wound C/D/I flat Has some right trapezius weakness C/W accessory nerve dysfunction and incisional issues, neck stiffness. Otherwise neuro - intact. Refill meds and 6 weeks with MRI head neck cine flow. Has had issues with Lyme; This study is being ordered for a neurological disorder.; 12/27/16; There has been treatment or conservative therapy.; 48 year old female presents with long standing history of headaches SO and frontally exacerbated by Valsalva and getting worse. She pinpoints MVA in early 2000s as onset. She also c/o visual issues at tiems, tinnitus, dizziness at times as well as stutter; Here for 6 week f/u S/P SOD. Wound C/D/I flat Has some right trapezius weakness C/W accessory nerve dysfunction and incisional issues, neck stiffness. Otherwise neuro - intact. Refill meds and 6 weeks with MRI head neck cine flow. Has had issues with Lyme; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Holospinal Pain Cont w neck pain that radiates to the left shoulder and down the arm. Left arm locks up when she picks something up. Seems like the pain is all on the left, has has several EMG's and was told it was from damage from the accident. &h0D; Has ; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks. It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.;

Ms. Johnson’s imaging demonstrates cerebellar tonsillar ectopia with symptoms consistent with either cervical radiculopathy or intermittent CSF flow obstruction. Symptoms include blurred vision, dizziness, eye pain, loss of balance, nausea, neck pain, numbness (right forearm, 4th and 5th fingers), tingling, visual change and vomiting; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Neurological Surgery Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Neck Pain; Pain location: L side (posterior); Quality: Stabbing and stiffness; Stiffness is present: All day; Pain radiates to: L shoulder, L arm, L hand and L forearm; Pain severity: Moderate; Timing: Intermittent; Progression: Waxing and waning; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; May 2017; There has been treatment or conservative therapy.;

Patient complains of onset of neck pain. She reports at first she had neck pain with shooting pain down inside of left arm with pinky/ring finger numbness. This went away and went to a stabbing pain under her arm and now she is experiencing numbness to co; Ibuprofen & muscle relaxer; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Neurological Surgery Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Neck pain; left sided low back pain, worse with activity. LLE Numbness/tingling.; cervicothoracic syrinx confirmed on previous imaging.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Neurological Surgery Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

NEW ONSET BUT TRANSIENT NECK PAIN, DR WANT TO DO AN MRI OF THE ENTIRE SPINE FOR FOLLOW‐UP; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; CHIARI 1 MALFORMATION; 1 EPISODE OF NECK PAIN WHICH LASTED 2 WEEKS.; There has not been any treatment or conservative therapy.; CHIARI 1 MALFORMATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Neurological Surgery Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Patient with history of hemangioblastoma of the brain status post resection. This is a request for spine imaging to evaluate spread to spine. Patient with new onset back pain.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
progressive myelopathy I cannot explain his symptoms from his previous studies will go ahead and get a cervical MRI scan redone and also thoracic MRI scan. Will also get him to be evaluated by Neurology for further consultation. We will plan to follow him; This study is being ordered for a neurological disorder.; April 2017; There has been treatment or conservative therapy.; mid back and low back pain s/p cervical fusion. Weakness in the upper and lower extremities; Physical therapy, EMG/ and ESI's as well as surgery since May 2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1.

Neurological Surgery Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST pt. had surgery 2014, seen Ortho MD, nerve conduction and EMG's done, pt. completed PT and Nsaid; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture. 1

Neurological Surgery Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST severe back pain with radiation to the hips and legs with some problems with constipation and some dysuria. He was recently imaged with an MRI scan of his lumbar spine that revealed an intrathecal mass at the L5 level with components that looked somewhat; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1.

Neurological Surgery Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST THE DR IS GOING TO CHECK THE STABLE OF THE TYPE 1 CHIARI MALFORMATION AND CHECK AGAIN FOR SYRINGOMYELIA IN HER CERVICAL SPINAL CORD; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. 1.

Neurological Surgery Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy. 2.

Neurological Surgery Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy. 4.

Neurological Surgery Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy. 2.
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<thead>
<tr>
<th>Neurological Surgery Approval</th>
<th>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</th>
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<tbody>
<tr>
<td>The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.</td>
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<td>Neurological Surgery Approval</td>
<td>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
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<td>The patient is presenting new symptoms.; This study is being ordered for follow-up.;</td>
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<td>Neurological Surgery Approval</td>
<td>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
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<td>Known Tumor with or without metastasis 2</td>
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<tr>
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<td>Follow-up to Surgery or Fracture within the last 6 months 11</td>
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<td>Neurological Surgery Approval</td>
<td>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
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<td>The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction. 3</td>
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<td>Neurological Surgery Approval</td>
<td>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
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<tr>
<td>The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural. 1</td>
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<td>Neurological Surgery Approval</td>
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<tr>
<td>None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy? 5</td>
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<td>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
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<td>Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness. 21</td>
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<td>Neurological Surgery Approval</td>
<td>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
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<tr>
<td>None of the above; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture. 1</td>
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This is a request for cervical spine MRI; None of the above; Patient with headaches. Found to have Chiari I malformation on MRI of brain. Need MRI cervical spine to rule our syrinx and evaluate tonsillar descent.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

This is a request for cervical spine MRI; None of the above; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.

This is a request for cervical spine MRI; Pre-Operative Evaluation; No, the last Cervical spine MRI was not performed within the past two weeks.

This is a request for cervical spine MRI; Pre-Operative Evaluation; Surgery is scheduled within the next 4 weeks.; The last Cervical Spine MRI was not performed within the past two weeks.

This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.

This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.

This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Patient has done no recent physical therapy or chiropractic treatment but has done acupuncture most recently over 6 months ago

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Patient has mid/low back pain radiating to her left leg with no specific dermatome distribution that started in mid August. She has tried NSAIDs and chiropractic care with no relief. Her MRI lumbar spine shows some degenerative changes but no significant
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<th>Neurological Surgery</th>
<th>Approval</th>
<th>Neuroradiology Approval</th>
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<td>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
<td>Unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms; There is weakness; weaker in left arm compared to the right arm, grip strength is weaker on the left. Senses diminished in thumb and index finger, disc carination with nerve root compression; The patient does not have new signs or symptoms of bladder or bowel dysfunction; There is not x-ray evidence of a recent cervical spine fracture. Weakness of whole left side; numbness of whole left side; difficulty with gate; This study is being ordered for a neurological disorder; 10/01/2017; There has not been any treatment or conservative therapy; weakness of whole left side; numbness of whole left side; difficulty with gate; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<tr>
<td>72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST</td>
<td>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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<tr>
<td>72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST</td>
<td>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease; There are 2 exams are being ordered; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<tr>
<td>72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST</td>
<td>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease; There are 4 exams are being ordered; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST</td>
<td>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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Neurological Surgery Approval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

27 year old male presents with history of intermittent headaches and occasional episodes of deja vu, dizziness which have increased in frequency. He reports suboccipital headaches and pressure that are exacerbated by Valsalva on a daily basis ad can wake h; This study is being ordered for a neurological disorder.; Duration: 6 years; There has been treatment or conservative therapy.; Topamax 25 mg tablet; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Checking proximal spine for stenosis, patient has had prior neck injury with neck pain, radiation to the head.; This study is being ordered for a neurological disorder.; 12/15/2017; There has been treatment or conservative therapy.; Bilateral lower extremity pain and cramping.; Patient received and Epidural Steroid Injection on 11/28/2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Chiari I, IIH, dysautonomia. No hypromobility. For Dr grer and Dr. Doyle eval, T/L/S MRI and cine flow then followup; This study is being ordered for Congenital Anomaly.; Duration: date of onset: (06/2017); There has been treatment or conservative therapy.; 29 year old relatively well except maybe clumsy till June when she had sinus infection followed by severe SO headaches to right Some blurry vision. Headaches exacerbated by Valsalva. Some dizziness near syncope. Tinnitus. No incoordination but poor balance; Medications&x003D; butalbital 50 mg‐acetaminophen 325 mg‐codeine 30 mg cap; Take 1 capsule(s) every 4 hours by oral route.&x003D; Cymbalta 60 mg capsule, delayed release; Take 1 capsule(s) every da; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Chiari I. Completion studies and cine flow. May need dysautonomia eval. Follow up after.; This study is being ordered for a neurological disorder.; Duration: 3 years; There has been treatment or conservative therapy.; 27 yo son of a Chiari patient with Valsalva headaches, neck pain, visual issues, tinnitus, speech issues, brain fog, neck/back pain, balance issues. MRI shows 5 mm tonsillar herniation C/.W Chiari. Studies not available for review/ only report. No CT/L/S; Medications&x003D; Flonase Allergy Relief 50 mcg/actuation nasal spray,suspension;&x003D; Spray 1 spray(s) every day by intranasal route.&x003D; Lisinopril 10 mg tablet;&x003D; Take 1 tablet(s) every day by oral route.&x003D; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Chiari I. send for completions and cine flow and revisit. Could be a surgical candidate.; This study is being ordered for Congenital Anomaly.; Duration: date of onset: (2015); There has been treatment or conservative therapy.; 30 year old male works at Middleton heat an air. He has right SO headaches radiating to right eye and top of head exacerbated by bending. vALSAVA. hAS NOT RESPONDED TO A HOST OF HEADACHE INTERVENTIONS. Burning in legs and feet at times. No ear, swallow o; He was referred to us by Dr. David Brown.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Neurological Surgery Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

hep no relief; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ongoing 8 years worsening in the last year; There has been treatment or conservative therapy.; neck and mid back pain; numbness and pain bilateral arms; grip loss; pt; pain management; nsaid therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Here to follow up annually for syrinx. Studies show stable small hydromyelia T/L/S He reports similar but increased LE symptoms at this time, otherwise stable. Will obtain repeat studies in April to reeval. Continue current otherwise.; This study is being ordered for a neurological disorder.; Duration: 2 years; There has been treatment or conservative therapy.; 1. Syringomyelia - Mister Ellis presents today and describes a sharp knifelike pain after standing on a ladder and twisting while reaching for something. He reports his pain is worse at night and is in his lower back slightly to the right side. He rates h; Ativan 1 mg tablet&x0D; Take 1 tab po 30 mins prior to procedure and one time of procedure if needed&x0D; 12/05/16 prescribed Anthony Capocelli, MD&x0D; citalopram 40 mg tablet&x0D; start 12/02/2016&x0D; 12/02/16 filled Cynthia Richey&x0D; Dexilant 60 mg capsule, delayed rel; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.

Neck Pain &x0D; Pain location: L side (posterior)&x0D; Quality: Stabbing and stiffness&x0D; Stiffness is present: All day&x0D; Pain radiates to: L shoulder, L arm, L hand and L forearm&x0D; Pain severity: Moderate&x0D; Timing: Intermittent&x0D; Progression: Waxing and waning&x0D; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; May 2017; There has been treatment or conservative therapy.; Patient complains of onset of neck pain. She reports at first she had neck pain with shooting pain down inside of left arm with pinky/thumb finger numbness. This went away and went to a stabiing pain under her arm and now she is experiencing numbness to co; Ibuprofen&x0D; muscle relaxer; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
Neurological Surgery Approval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Neck pain left sided low back pain worse with activity. LLE Numbness/tingling right sided.

Cervicothoracic syrinx confirmed on previous imaging. This study is being ordered for a metastatic disease.

There are 3 exams being ordered. One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

NEW ONSET BUT TRANSIENT NECK PAIN, DR WANT TO DO AN MRI OF THE ENTIRE SPINE FOR FOLLOW-UP; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.

CHIARI 1 MALFORMATION; 1 EPISODE OF NECK PAIN WHICH LASTED 2 WEEKS;

There has not been any treatment or conservative therapy.

CHIARI 1 MALFORMATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Patient with history of hemangioblastoma of the brain status post resection.

This is a request for spine imaging to evaluate spread to spine.

Patient with new onset back pain;

This study is being ordered for a metastatic disease;

There are 3 exams being ordered;

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI;

The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Patient's back pain in interfering with his abilities to perform his daily ADL's without severe pain and use of pain medicine. It is very painful to sit, walk, ride in a car. It is also affecting his concentration, mood and sleep pattern;

This study is being ordered for trauma or injury;

11/2016; There has been treatment or conservative therapy;

Sharp shooting, and aching pains in mid and lower back. Also muscle weakness, numbness, and muscle spasms in back;

Injections with no relief, physical therapy, alternating heat and cold packs, acupuncture, bed rest and muscle stimulation;

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI;

The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Progressive myelopathy I cannot explain his symptoms from his previous studies will go ahead and get a cervical MRI scan redone and also thoracic MRI scan. Will also get him to be evaluated by Neurology for further consultation. We will plan to follow him;

This study is being ordered for a neurological disorder;

April 2017; There has been treatment or conservative therapy;

mid back and low back pain s/p cervical fusion.

Weakness in the upper and lower extremities; Physical therapy, EMG/ and ESI's as well as surgery since May 2017;

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI;

The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Neurological Surgery Approval

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Pt referred to Dr Raja for neurosurgical evaluation.; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Motor strength was as follows: Right upper extremity; deltoids 4-/5, biceps 4-/5, triceps 4-/5, grasp 4/5; Left upper extremity; deltoids 4-/5, biceps 4-/5, triceps 4-/5, grasp 4/5; Right lower extremity; hip flexors 4+/5, hip extensors 4+/5, knee flexors; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.

requesting MRI's for evaluation for conservative treat or surgery.; This study is being ordered for trauma or injury.; 01/23/2017 - MOTORCYCLE ACCIDENT; There has been treatment or conservative therapy.; limited range of motion of his right shoulder and has some weakness in his upper extremity.&RxOD; Increasing low back and mid back pain.; PATIENT HAS INJECTIONS AND PHYSICAL THERAPY.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

severe back pain with radiation to the hips and legs with some problems with constipation and some dysuria. He was recently imaged with an MRI scan of his lumbar spine that revealed an intrathecal mass at the L5 level with components that looked somewhat; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; 26 YEAR OLD MALE WITH MULTIPLE CONCUSSIONS IN PAST WITH ASSOCIATED CHRONIC HEADACHES HAD HEAD INJURY IN JULY WITH INCREASED HEADACHES RTO RIGHT SIDE OF HEAD THAT ARE NOT POSITIONAL. No VISUAL CHANGE. No TINNITUS. No OTO ISSUES XCELLENT IMBALANCE. O.b.b.issues.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Here to eval neck and Chiarri. Patient has cervical disc herniation times toward neck pain with radiculopathy. Low tonsils butto Chiarri. Will getcomelention studies for chariand schedule ACD. Reviewedin detail.&RxOD; ROS;&xOD; Patient reports trouble sleeping but re; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Here to follow up MRIs which show stable postop result with good flow and stable cervical surgery. Persistent but stable collapsed holocord syrinx. At this point she may have IH issues which I would like to workup to include eye eval and possible LP. Dis; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.
The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Pt's blood was elevated, advised to contact their family physician. old wis onset of so headache recently exacerbated by Valsalva as well as dizziness na syncope, gait issues, incoordination, palpitations. Ringing in ears. MRI with low tonsils.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to trauma or acute injury within 72 hours.; The patient is experiencing or presenting symptoms of recent fracture on previous imaging studies.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.

The patient does not have any neurological deficits.; It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.;

The patient does not have any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known how many follow-up thoracic spine MRIs the patient has had.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Patient has mid/low back pain radiating to her left leg with no specific dermatome distribution that started in mid August. She has tried NSAIDs and chiropractic care with no relief. Her MRI lumbar spine shows some degenerative changes but no significant.

The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.

This is a request for a thoracic spine MRI.; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.

This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.
This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.

This is a request for a thoracic spine MRI.; Follow‐up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.

This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.

This is a request for a thoracic spine MRI.; Pre‐Operative Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Thoracic Spine MRI was not performed within the past two weeks.

This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.

This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of asymmetric reflexes.

This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.

This is a request for a thoracic spine MRI.; There is laboratory or x‐ray evidence of osteomyelitis.; Known or Suspected Infection or abscess

This is a request for a thoracic spine MRI.; There is x‐ray or laboratory evidence of osteomyelitis.; The study is being ordered due to known or suspected infection or abscess.

This study is being ordered for staging.; This is a request for a thoracic spine MRI.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.;" The study is being ordered due to known tumor with or without metastasis.
| Neurological Surgery Approval | 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST | unknown; This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; post op care; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture. 1 |
| Neurological Surgery Approval | 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST | Unknown; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; headaches, blurred vision, difficult to swallow, dizziness.; Medications and surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1 |
| Neurological Surgery Approval | 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST | &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. 2 |
| Neurological Surgery Approval | 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST | &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks. 1 |
| Neurological Surgery Approval | 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST | &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above 2 |
| Neurological Surgery Approval | 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST | &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1 |
| Neurological Surgery Approval | 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST | &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1 |
| Neurological Surgery Approval | 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST | &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1 |
Neurological Surgery Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given.; There has been treatment or conservative therapy.; pain, numbness, tingling; pt. medications, injections, heat.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Neurological Surgery Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

10/12/2017; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Neurological Surgery Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

9 months ago; There has been treatment or conservative therapy.; back pain, sciatica, weakness, non-ambulatory; injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Neurological Surgery Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

August 2017; There has not been any treatment or conservative therapy.; leg pain bilateral radiates to lateral upper thigh tingling in back of calves left arm pain upper bicep and deltoid region feels pinpricks in his arms at times lumbar stenosis bilateral radicular pain in lower extremeties new onset of worsening radicula; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Neurological Surgery Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Neurological Surgery Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

The study requested is a Lumbar Spine MRI.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.
Neurological Surgery Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; 

Neurological Surgery Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain.; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture. 

Neurological Surgery Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

; The study requested is a Lumbar Spine MRI.; None of the above.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks. 

Neurological Surgery Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

; This study is being ordered for a neurological disorder.; Neck is early 2017 and the back is from surgery on 09/20/2017.; There has been treatment or conservative therapy.; Back is post op eval.&%x00; Neck--He also c/o posterior neck pain and left arm pain and lower arm and hand weakness. Onset was "early in 2017". Precipitating cause is unknown. Denies fall, trauma, or injury. No history of neck surgery or left arm surgery. He: Back is post op surgery.&%x00; Neck--NSAIDS and therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology. 

Neurological Surgery Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/14/2017; There has been treatment or conservative therapy.; Radiculopathy Back pain; Nsaids Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology. 

ABNORMAL LESION FOUND ON LUMBAR MRI W/O CONTRAST. REQUESTING LUMBAR MRI W/CONTRAST ONLY.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above.
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- **Chiari I, IIH, dysautonomia. No hypromobility. For Dr grer and Dr. Doyle eval, T/L/S MRI and cine flow then followup; This study is being ordered for Congenital Anomaly.**
- **Duration: date of onset: (06/2017); There has been treatment or conservative therapy.;**
  - 29 year old relatively well except maybe clumsy till June when she had sinus infection followed by severe SO headaches to right Some blurry vision. Headaches exacerbated by Valsalva. Some dizziness near syncope. Tinnitus. No incoordination but poor balance; Medications:
    - butalbital 50 mg
    - acetaminophen 325 mg
    - caffeine 40 mg
    - codeine 30 mg cap
    - Take 1 capsule(s) every 4 hours by oral route.
    - 10/12/17 entered Kathy Maxwell
    - lisinopril 10 mg tablet
    - Take 1 tablet(s) every day by oral route.
    - 06/08/17 entered Tana Nowlin
  - One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
- **Neurological: Positive for dizziness, tingling, weakness and numbness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.**
- **Neurological: Positive for dizziness, tingling, weakness and numbness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.**
- **Neurological: Positive for dizziness, tingling, weakness and numbness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.**
- **Neurological: Positive for dizziness, tingling, weakness and numbness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.**
Neurological Surgery Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Concerned spinal stenosis due to fusion L5-S1, post laminectomy; The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain; The patient has none of the above CT documents loosening screws at his superior inferior construct will send over for neurosurgical consultation for hardware removal will plan to follow-up postop. Patient was counseled in detail. &xOD; a 3 years out from L4-L5 S1 fusion; The study requested is a Lumbar Spine MRI; Pre-Operative Evaluation; It is not known when surgery is scheduled. Patient was counseled in detail. CT documents loosening screws at his superior inferior construct will send over for neurosurgical consultation for hardware removal will plan to follow-up postop. Patient was counseled in detail. &xOD; a 3 years out from L4-L5 S1 fusion; The study requested is a Lumbar Spine MRI; Pre-Operative Evaluation; It is not known when surgery is scheduled. HAD L4/S HEMILAMINECTOMY SURGERY ON 10/3/17. COULD BE RELATED TO THIS. &xOD; SHE IS HAVING FIXED SEVERE NUMBNESS AND PAIN BELOW THE KNEE SINCE SURGERY. OR THINKS IT MAY BE NEURITIS, BUT WANTS TO RULE OUT PERSISTENT COMPRESSION OR A NEW DISC HERNIATION. COULD; The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain; The patient has none of the above Here to follow up annually for syrinx. Studies show stable small hydromyelia T/L/S He reports similar but increased LE symptoms at this time, otherwise stable. Will obtain repeat studies in April to reeval. Continue curent otherwise.; This study is being ordered for a neurological disorder.; Duration: 2 years; There has been treatment or conservative therapy.; 1. Syringomyelia - Mister Ellis presents today and describes a sharp knife-like pain after standing on a ladder and twisting while reaching for something. He reports his pain is worse at night and is in his lower back slightly to the right side. He rates h; Ativan 1 mg tablet &xOD; Take 1 tab po 30 mins prior to procedure and one time of procedure if needed &xOD; 12/05/16 prescribed Anthony Capocelli, MD &xOD; citalopram 40 mg tablet &xOD; start 12/02/2016 filled Cynthia Richey &xOD; Delantal 60 mg capsule, delayed rel; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Mild intermittent mechanical back pain without radicular symptoms and CT showing no obvious stenosis, spondylolisthesis, spondylosis, or fractures; The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain; The patient has none of the above Neck Pain &xOD; Pain location: L side (posterior) &xOD; Quality: Stabbing and stiffness &xOD; Stiffness is present: All day &xOD; Pain radiates to: L shoulder, L arm, L hand and L forearm &xOD; Pain severity: Moderate &xOD; Timing: Intermittent &xOD; Progression: Waxing and waning &xOD;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; May 2017; There has been treatment or conservative therapy.; Patient complains of onset of neck pain. She reports at first she had neck pain with shooting pain down inside of left arm with pinky/ring finger numbness. This went away and went to a stabbing pain under her arm and now she is experiencing numbness to co; Ibuprofen &xOD; muscle relaxer; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
Neurological Surgery Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

NEW ONSET BUT transient neck pain, or WANT TO DO AN MRI OF THE ENTIRE SPINE FOR FOLLOW-UP; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; CHIARI 1 MALFORMATION; 1 EPISODE OF NECK PAIN WHICH LASTED 2 WEEKS.; There has not been any treatment or conservative therapy.; CHIARI 1 MALFORMATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Neurological Surgery Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Patient presents with worsening low back pain and now bowel/bladder dysfunction. Wanting to evaluate for tumor.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Neurological Surgery Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Patient reports 7-8 years of low back pain radiating to his posterolateral right leg. He tried PT in the past with no relief. We will obtain an MRI for further evaluation. We did discuss spinal injections therapies as a possible treatment option depending; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; 1

Neurological Surgery Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Patient has completed 6 weeks of PT.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture. 1

Neurological Surgery Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Patient is needing an eval for surgery. Last MRI is older than 6 months. Before we are able to refer patient to surgery the patient needs an updated MRI lumbar.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture. 1

Neurological Surgery Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Patient has completed 6 weeks of PT.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture. 1

Neurological Surgery Approval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

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Neurological Surgery Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Patient with history of back surgery, 5/10/2017, L4/5 minimally invasive Laminotomy, return of back pain with RLE pain that shoots down back of leg to knee. She has tried nsaid/medrol dose pack for the symptoms with no relief. History of synovial cyst.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above.

Patient with history of hemangioblastoma of the brain status post resection. This is a request for spine imaging to evaluate spread to spine. Patient with new onset back pain.; This study is being ordered for a metastatic disease.; There are 3 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Patient's back pain in interfering with his abilities to perform his daily ADL's without severe pain and use of pain medicine. It is very painful to sit, walk, ride in a car. It is also affecting his concentration, mood and sleep pattern.; This study is being ordered for trauma or injury.; 11/2016; There has been treatment or conservative therapy.; Sharp shooting, and aching pains in mid and lower back. Also muscle weakness, numbness, and muscle spasms in back.; Injections with no relief, physical therapy, alternating heat and cold packs, acupuncture, bed rest and muscle stimulation.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Positive Straight Leg Raise on the right, but negative Straight Leg Raise on the left. Multiple year history of low back and right leg pain starting at the right SI joint and extending into the L5 distribution. Most recent MRI was done July 18, 2016 and so; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Post OP and HAVE SEVERE LEG PAIN NUMBNESS AND BACK PAIN; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Prior Spinal Surgery was done, it could be a complication. He is still having severe pain in back and legs, and numbness in extremities. Unable to complete physical therapy. Dr. wants to make sure he is fusing correctly.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above.

Pt had surgery June 27, 2017. Started PT on September 7, 2017 and continuing.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above.
Pt with progressive back pain and right leg pain. Gabapentin does not help; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.

This study is being ordered for trauma or injury.; 01/23/2017 - MOTORCYCLE ACCIDENT; There has been treatment or conservative therapy.; limited range of motion of his right shoulder and has some weakness in his upper extremity.&xtOD; Increasing low back and mid back pain.; PATIENT HAS INJECTIONS AND PHYSICAL THERAPY.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Severe canal stenosis due at L3-4 and L4-5. Possible extruded disk at L3 seen on prior CT Scan; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above slow Gait; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture. 1

Surgical planning;&xtOD; &xtOD; I think his biggest issue is his low back pain and left leg pain. I feel that this is from the left L5-S1 foram stenosis. A decision was made to proceed with an SNRB at L5-S1 on the left. A decision was also made to proceed with fur; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; It is not known when surgery is scheduled.

Severe back pain with radiation to the hips and legs with some problems with constipation and some dysuria. He was recently imaged with an MRI scan of his lumbar spine that revealed an intrathecal mass at the L5 level with components that looked somewhat; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Range of Motion in the Cervical Spine is full.
Range of Motion of the joints of the Upper Extremity is full without pain.
Range of Motion in the Lumbar Spine: Flexion: Reduced by 20-30% &xtOD; Extension: Reduced by 80-90; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; A decision was made to proceed with further diagnostic testing and to order an MRI and plain X-Rays of the Lumbar Spine to review prior to proceeding with the below injections.&xtOD; This 53 year old female presents with a shocking pain in the right occipital ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture. 1

Severe back pain with radiation to the hips and legs with some problems with constipation and some dysuria. He was recently imaged with an MRI scan of his lumbar spine that revealed an intrathecal mass at the L5 level with components that looked somewhat; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Severe back pain with radiation to the hips and legs with some problems with constipation and some dysuria. He was recently imaged with an MRI scan of his lumbar spine that revealed an intrathecal mass at the L5 level with components that looked somewhat; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Severe back pain with radiation to the hips and legs with some problems with constipation and some dysuria. He was recently imaged with an MRI scan of his lumbar spine that revealed an intrathecal mass at the L5 level with components that looked somewhat; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Surgical planning;&xtOD; &xtOD; I think his biggest issue is his low back pain and left leg pain. I feel that this is from the left L5-S1 foram stenosis. A decision was made to proceed with an SNRB at L5-S1 on the left. A decision was also made to proceed with fur; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; It is not known when surgery is scheduled.
The pain radiates to the left knee, left thigh, left foot, right foot, right knee and right thigh. The pain is of a severity of 8/10. The pain is severe. The symptoms are aggravated by position, standing, sitting and coughing (walking). Associated symptom: This study is being ordered for a neurological disorder; more than 1 year ago; There has been treatment or conservative therapy; The pain radiates to the left knee, left thigh, left foot, right foot, right knee and right thigh; analgesics, heat, muscle relaxant, physical therapy, NSAIDs and injection for the symptoms. The treatment provided no relief; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms; The patient does have a new foot drop.

The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks; The patient has seen the doctor more then once for these symptoms; The physician has directed conservative treatment for the past 6 weeks; The patient has completed 6 weeks of physical therapy?

The study requested is a Lumbar Spine MRI; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.

The study requested is a Lumbar Spine MRI; It is unknown if the patient has acute or chronic back pain; This procedure is being requested for Follow-up to surgery or fracture within the last 6 months; The patient been seen by or the ordering physician is a neuro-specialist, orthopedist, or oncologist.

The study requested is a Lumbar Spine MRI; It is unknown if the patient has acute or chronic back pain; This procedure is being requested for Known or suspected tumor with or without metastasis.

The study requested is a Lumbar Spine MRI; It is unknown if the patient has acute or chronic back pain; This procedure is being requested for Neurologic deficits.

The study requested is a Lumbar Spine MRI; It is unknown if the patient has acute or chronic back pain; This procedure is being requested for Pre-operative evaluation; The patient has not had a Lumbar Spine MRI performed within the past 2 weeks.

The study requested is a Lumbar Spine MRI; Pre-Operative Evaluation; No, the last Lumbar spine MRI was not performed within the past two weeks; Surgery is scheduled within the next 4 weeks.

The study requested is a Lumbar Spine MRI; The patient does NOT have acute or chronic back pain; This procedure is being requested for Follow-up to surgery or fracture within the last 6 months; The patient been seen by or the ordering physician is a neuro-specialist, orthopedist, or oncologist.

The study requested is a Lumbar Spine MRI; The patient does NOT have acute or chronic back pain; This procedure is being requested for Known or suspected tumor with or without metastasis.

The study requested is a Lumbar Spine MRI; The patient does NOT have acute or chronic back pain; This procedure is being requested for Neurologic deficits.
<table>
<thead>
<tr>
<th>Neurological Surgery</th>
<th>Approval</th>
<th>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</th>
<th>The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection</th>
<th>150</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurological Surgery</td>
<td>Approval</td>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine</td>
<td>2</td>
</tr>
<tr>
<td>Neurological Surgery</td>
<td>Approval</td>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality</td>
<td>12</td>
</tr>
<tr>
<td>Neurological Surgery</td>
<td>Approval</td>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks</td>
<td>4</td>
</tr>
<tr>
<td>Neurological Surgery</td>
<td>Approval</td>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)</td>
<td>74</td>
</tr>
</tbody>
</table>

This 45 year old male presents with low back pain. He complains of numbness and tingling in the left side of his back. He states the pain began three years ago after falling from a roof and worsened two months ago. He also complains of neck pain that radiates; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Motor Exam: Biceps: Right 5/5 Left 5/5; Triceps: Right 5/5 Left 5/5; Shoulder Abduction (Deltoids) Right 5/5 Left 5/5; Median Innervated Intrinsics Hand Function Right 5/5 Left 5/5; Ulnar Innervated Intrinsics

This is a very difficult case. Patient has low back pain for 8-9 years worse over the last 2-3 months. He also has right leg pain. His MRI is difficult to interpret but there are severe changes at L4-S1. He is a poor historian but denies drug use or cancer; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; back pain; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Unknown; The patient has acute or chronic back pain.; The patient has none of the above

Unknown; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; headaches, blurred vision, difficult to swallow, dizziness.; Medications and surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
<table>
<thead>
<tr>
<th>Request Type</th>
<th>Approval Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurological Surgery</td>
<td>72159 MRA, MRI ANGIOGRAPHY SPINAL CANAL &amp; CONTENTS WITH / WITHOUT CONTRAST</td>
<td>This is a request for a spinal canal/contents MR Angiography.</td>
</tr>
<tr>
<td>Neurological Surgery</td>
<td>72192 CT PELVIS WITHOUT CONTRAST</td>
<td>This study is being ordered for a Pelvis CT. This study is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>Neurological Surgery</td>
<td>73206 CT ANGIOGRAPHY UPPER EXTREMITIY</td>
<td>Cspine has neurological disorder; This study is being ordered for a metastatic disease.</td>
</tr>
<tr>
<td>Neurological Surgery</td>
<td>73220 MRI UPPER EXTREMITIY, ENTIRE EXTREMITY, NOT A JOINT</td>
<td>The request is for an upper extremity non-joint MRI; This is a preoperative or recent postoperative evaluation.</td>
</tr>
<tr>
<td>Neurological Surgery</td>
<td>73220 MRI UPPER EXTREMITIY, ENTIRE EXTREMITY, NOT A JOINT</td>
<td>The request is for an upper extremity non-joint MRI; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.</td>
</tr>
<tr>
<td>Neurological Surgery Approval</td>
<td>73221 MRI JOINT OF UPPER EXTREMITY</td>
<td>requesting MRI's for evaluation for conservative treat or surgery.; This study is being ordered for trauma or injury.; 01/23/2017 - MOTORCYCLE ACCIDENT; There has been treatment or conservative therapy.; limited range of motion of his right shoulder and has some weakness in his upper extremity.&amp;RxOD; Increasing low back and mid back pain.; PATIENT HAS INJECTIONS AND PHYSICAL THERAPY.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
</tr>
<tr>
<td>Neurological Surgery Approval</td>
<td>73221 MRI JOINT OF UPPER EXTREMITY</td>
<td>The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.</td>
</tr>
<tr>
<td>Neurological Surgery Approval</td>
<td>73221 MRI JOINT OF UPPER EXTREMITY</td>
<td>The requested study is a Shoulder MRI.; Study being ordered for post-operative evaluation.; The ordering physician is an orthopedist.</td>
</tr>
<tr>
<td>Neurological Surgery Approval</td>
<td>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td>This is a request for a foot MRI.; There is a history (within the last six weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.</td>
</tr>
<tr>
<td>Neurological Surgery Approval</td>
<td>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td>This is a request for a lower extremity MRI.; This is not a pulsatile mass.; &quot;There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI.&quot;; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture); This is a pre-operative study for planned surgery.</td>
</tr>
<tr>
<td>Neurological Surgery Approval</td>
<td>73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT</td>
<td>This is a request for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.</td>
</tr>
<tr>
<td>Neurological Surgery Approval</td>
<td>73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT</td>
<td>This is a request for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; &quot;There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone); The patient has a documented limitation of their range of motion.</td>
</tr>
<tr>
<td>Neurological Surgery Approval</td>
<td>73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT</td>
<td>This is a request for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; &quot;There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.; There is a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone); The patient has a documented limitation of their range of motion.</td>
</tr>
<tr>
<td>Neurological Surgery Approval</td>
<td>73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT</td>
<td>This is a request for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; &quot;There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.; There is a suspicion of AVN.; The patient is receiving long-term steroid therapy (Prednisone or Cortisone).</td>
</tr>
</tbody>
</table>
This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone); The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.

This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone); The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.

This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.  

This is a request for a brain/head CT.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.

This is a request for a brain/head CT.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.
<p>| Neurological Surgery | Disapproval | 70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST | Radiology Services Denied | Not Medically Necessary | Yes, this is a request for CT Angiography of the Neck. PATIENT HAS VP SHUNT IN BRAIN PLACED R/T TUBEROUS SCLEROSIS; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.; The patient has NOT had a recent onset (within the last 3 months) of neurologic symptoms. Pt is 3 months post surgical surgery. Pt did have complications during and after surgery. Symptoms were sudden onset.; This study is being ordered for a neurological disorder.; 10/30/17; There has been treatment or conservative therapy.; Right side muscle weakness, numbness, tingling and pain. Pt has regressed in his physical therapy. Pt has lost some of his ability to ambulate.; 6 weeks of physical therapy and conservative medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology. |
| Neurological Surgery | Disapproval | 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST | Radiology Services Denied | Not Medically Necessary | This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type. Abnormal imaging test describes the reason for this request.; This is a request for a Diagnostic CT &lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI. |
| Neurological Surgery | Disapproval | 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST | Radiology Services Denied | Not Medically Necessary | This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change. |
| Neurological Surgery | Disapproval | 71250 CT CHEST, THORAX 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST | Radiology Services Denied | Not Medically Necessary | Abnormal imaging test describes the reason for this request.; This is a request for a Diagnostic CT &lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI. |
| Neurological Surgery | Disapproval | 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST | Radiology Services Denied | Not Medically Necessary | ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI. |</p>
<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Neurological Surgery</th>
<th>Disapproval</th>
<th>Radiology Services Denied</th>
<th>Not Medically Necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td>72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST</td>
<td>Abnormal x-ray; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.</td>
<td>Not Medically Necessary</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST</td>
<td>Patient is having left side neck and shoulder pain, increasing left arm pain with numbness and weakness.</td>
<td>Not Medically Necessary</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST</td>
<td>This study is being ordered for staging.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to pre-operative evaluation.; There is a known condition of tumor.; There is a reason why the patient cannot have a Cervical Spine MRI.</td>
<td>Not Medically Necessary</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST</td>
<td>This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT; The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; Yes this is a request for a Diagnostic CT</td>
<td>Not Medically Necessary</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST</td>
<td>PATIENT IS POSITIVE FOR WEAKNESS AND NUMBNESS HAS LIMITED RANGE OF MOTION; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; PATIENT IS HAVING LEFT SIDE NECK AND SHOULDER PAIN, INCREASING LEFT ARM PAIN WITH NUMBNESS AND WEAKNESS. &amp;x0d; &amp;x0d; ALSO HAVING INCREASING LOW BACK PAIN THAT RADIATES TO THE RIGHT HIP AND THIGH WITH NUMBNESS AND TINGLING WITH LIMITED ROM WITH LEG AND FOOT.; PATIENT HAS BEEN TAKING MEDICATION AND HAS BEEN WORKING WITH PHYSICAL THERAPY.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCt, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
<td>Not Medically Necessary</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>72131 CT LUMBAR SPINE, LOW BACK</td>
<td>This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT</td>
<td>Not Medically Necessary</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>72131 CT LUMBAR SPINE, LOW BACK</td>
<td>This is a request for a lumbar spine CT.; The patient has been treatment or conservative therapy.; There is a reason why the patient cannot undergo a lumbar spine MRI.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCt, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
<td>Not Medically Necessary</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>
This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT.

This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in arms and previous cord contusion; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 1/01/2017; There has been treatment or conservative therapy.; pain, numbness, tingling in digits, right arm pain, right side and back pain; epidural injections, oral pain meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/09/2016; There has been treatment or conservative therapy.; neck and back pain, bilateral arm pain, right leg pain; PT, oral medications, hydrocodone and flexeril, injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10-1-2017; There has been treatment or conservative therapy.; Neck pain, lower back pain, thoracic spine pane; Consultation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
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<th>Neurological Surgery</th>
<th>Disapproval</th>
<th>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</th>
<th>Radiology Services Denied</th>
<th>Not Medically Necessary</th>
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<tr>
<td>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; unknown; There has not been any treatment or conservative therapy.; neck, arm, back, and leg pain, lumbar spondylosis, axial back pain radiating to bilateral buttock, transient numbness in bilateral legs, numbness and tingling, r/o central canal stenosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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1. &lt;Enter answer here - or Type In Unknown If No Info Given. &gt; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; unknown; There has not been any treatment or conservative therapy.; neck, arm, back, and leg pain, lumbar spondylosis, axial back pain radiating to bilateral buttock, transient numbness in bilateral legs, numbness and tingling, r/o central canal stenosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

2. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Upper and lower left sided; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture. ;

3. This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; Sensory exam of the right side demonstrates CS sensory impairment. Sensory exam of the left side demonstrates C6 sensory impairment, CT sensory impairment and C8 sensory impairment, but no C5 sensory impairment. Special Tests: negative Spurling’s Maneuver

4. This is a request for cervical spine MRI; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits. continued s/s, no improvement with conservative measures, with no recent imaging.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; OVER A YEAR AGO; There has been treatment or conservative therapy.; neck pain&RxD; middle back pain in between shoulder blades&RxD; left arm pain &RxD; bilateral shoulder pain&RxD; numbness/tingling left fingers&RxD; weakness left arm; Physical therapy, ice/heat, nsaids, otc medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

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EVALUATION FOR SURGERY OR CONSERVATIVE TREATMENT; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 03/13/17; There has been treatment or conservative therapy; INCREASING CERVICAL PAIN WITH BILATERAL ARM PAIN NUMBNESS AND WEAKNESS AND MID/LOW BACK PAIN WITH INCREASING BILATERAL LEG PAIN; MEDICATION AND PHYSICAL THERAPY AND INJECTIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

He also complains of worsening neck pain. He also says that he has pain in his arms right worse than left and headaches that he feels are related to his neck; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms; It is not known if the patient has had back pain for over 4 weeks.

It is not known if the patient has failed a course of anti-inflamatory medication or steroids; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits; No, this patient did not have a recent course of supervised physical Therapy; No, the patient did not have six weeks of Chiropractic care related to this episode; migraine headaches, neck pain, and low back pain with bilateral LE radicular symptoms and imaging showing mild degenerative changes in the cervical spine and spina bifida related developmental changes in the lumbar spine. need to evaluate for spondylitic; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; Unknown; It is not known if there has been any treatment or conservative therapy; 51yo F with migraine headaches, neck pain, and low back pain with bilateral LE radicular symptoms and imaging showing mild degenerative changes in the cervical spine and spina bifida related developmental changes in the lumbar spine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

no recent imaging, x-rays show no significant findings; patient c/o pain after having some conservative treatment; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; years ago, no date; There has been treatment or conservative therapy; neck pain, bilateral shoulder pain, bilateral hand numbness/tingling; pain between shoulders; nsaids, oral narcotics, muscle relaxants; PT, previous back surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
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<td>Pt is 3 months post spinal surgery. Pt did have complications during and after surgery. Symptoms were sudden onset.; This study is being ordered for a neurological disorder.; 10/30/17; There has been treatment or conservative therapy.; Right side muscle weakness, numbness, tingling and pain. Pt has regressed in his physical therapy. Pt has lost some of his ability to ambulate.; 6 weeks of physical therapy and conservative medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>Pt referred for neurosurgical evaluation; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Motor strength as follows: Right and left upper extremity - deltoids, biceps, triceps 4-/5, grasp 4/5; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</td>
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<td>Severe degenerative changes in c4, c5, c6; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.</td>
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<td>Tenderness and spasm and decreased range of motion for neck and back.; This study is being ordered for a neurological disorder.; 2016; There has been treatment or conservative therapy.; Constant back pain, aching and burning radiating to left foot and left thigh. Worsening at night, leg pain, numbness, tingling and weakness. Neck pain radiates down left shoulder and left scapula, stiffness, numbness and weakness. Described as stabbing p; Physical therapy and muscle relaxants; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>The pain radiates to the left knee, left thigh, left foot, right foot, right knee and right thigh. The pain is at a severity of 8/10. The pain is severe. The symptoms are aggravated by position, standing, sitting and coughing (walking). Associated symptom; This study is being ordered for a neurological disorder.; more than 1 year ago; There has been treatment or conservative therapy.; The pain radiates to the left knee, left thigh, left foot, right foot, right knee and right thigh.; Analgesics, heat, muscle relaxant, physical therapy, NSAIDs and injection for the symptoms. The treatment provided no relief.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>This 48 year old female presents with neck pain and interscapular pain. She denies any radicular pain. She also complains of associated headaches. She has numbness and tingling in her fingers bilaterally. She states the pain began in 2009 and has worsened; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</td>
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<tr>
<td>This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.</td>
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<td>This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?</td>
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<tr>
<td>This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?</td>
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<tr>
<td>This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurologic deficits.;</td>
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<td>X-Ray; The decision was made to obtain a full series of X-rays (AP, lateral, flexion, and extension) of the cervical spine. My personal reading and interpretation of this study shows: &lt;Debilitating changes, worse at C5-7, where it is mild-moderate;&gt; A d; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient has chronic neck pain and about 1 year of left posterior arm pain. He has tried NSAIDs without relief. He did chiropractic care many years ago without relief. We will start PT and try to obtain an MRI of the cervical spine.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</td>
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<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK NON-CONTRAST

Radiology Services Denied
Not Medically Necessary

This is a request for a thoracic spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.

Continued s/s, no improvement with conservative measures, with no recent imaging.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; OVER A YEAR AGO; There has been treatment or conservative therapy.; neck pain & x-ray; middle back pain in between shoulder blades & x-ray; left arm pain & x-ray; bilateral shoulder pain & x-ray; numbness/tingling left fingers & x-ray; weakness left arm; Physical therapy, ice/heat, nsaid, otc medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
The pain radiates to the left knee, left thigh, left foot, right foot, right knee and right thigh. The pain is at a severity of 8/10. The pain is severe. The symptoms are aggravated by position, standing, sitting and coughing (walking). Associated symptom; This study is being ordered for a neurological disorder.; more than 1 year ago; There has been treatment or conservative therapy.; The pain radiates to the left knee, left thigh, left foot, right foot, right knee and right thigh.; analgesics, heat, muscle relaxant, physical therapy, NSAIDs and injection for the symptoms. The treatment provided no relief.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; &lt;Enter Additional Clinical Information&gt;; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.

The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.

The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.

This is a request for a thoracic spine MRI.; "The caller indicated that there is not a known condition of: Tumor, Infection or Neurological deficits.;" The study is being ordered due to pre-operative evaluation.; thoracic back pain and T10 sensory level and imaging showing thoracic HD at T12-L1 and T10-12

This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; Patient c/o mid to lower back pain radiating down to his left lower extremity. He also has LLE weakness and numbness. MRI lumbar spine done showed central canal narrowing at the T10-T11 with cord flattening.ter Additional Clinical Information; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above.
Neurological Surgery Disapproval

72148 MRI LUMBAR SPINE OR LOW BACK SPINE OR LOW BACK WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

This study is being ordered for a neurological disorder.; 01/01/2017; There has been treatment or conservative therapy.; pain, numbness, tingling in digits, right arm pain, right side and back pain; epidural injections, oral pain meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

1

Neurological Surgery Disapproval

72148 MRI LUMBAR SPINE OR LOW BACK SPINE OR LOW BACK WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/09/2016; There has been treatment or conservative therapy.; neck and back pain, bilateral arm pain, right leg pain; PT, oral medications, hydrocodone and flexeril, injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

1

Neurological Surgery Disapproval

72148 MRI LUMBAR SPINE OR LOW BACK SPINE OR LOW BACK WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; neck, arm, back, and leg pain, lumbar spondylosis, axial back pain radiating to bilateral buttock, transient numbness in bilateral legs, numbness and tingling, r/o central canal stenosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

1

Neurological Surgery Disapproval

72148 MRI LUMBAR SPINE OR LOW BACK SPINE OR LOW BACK WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; I spoke with Mr. Sluder today regarding his lumbar and thoracic pain. He states the lower back and thoracic pain are constant which he rates a 5-6/10 without pain medication. He denies radicular pain or any other associated symptoms. He states he is not c.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

2

Neurological Surgery Disapproval

72148 MRI LUMBAR SPINE OR LOW BACK SPINE OR LOW BACK WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above.

6
| Neurological Surgery | Disapproval | 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST | Radiology Services Denied Not Medically Necessary | | Neurological Surgery | Disapproval | 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST | Radiology Services Denied Not Medically Necessary | | Neurological Surgery | Disapproval | 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST | Radiology Services Denied Not Medically Necessary | | Neurological Surgery | Disapproval | 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST | Radiology Services Denied Not Medically Necessary | | 61 year old male presents with low back pain that radiates to his posterior left leg to his knee. He denies any right leg pain. He complains of numbness and tingling in his left foot. He states that he completed a round of physical therapy with mild improvement; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not X-ray evidence of a recent lumbar fracture.; Continued pain with treatment; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Patient is still experiencing low back and hip pain with radicular symptoms, has exhausted almost all conservative measures with several rounds of PT and lumbar epidural steroid injections.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not X-ray evidence of a recent lumbar fracture.; 6 months out from severe motor vehicle accident with loss of consciousness with persistent neck and back pain. Noted to have minor fractures of the neck and back at that time. Continues to be plagued with severe neck and back pain. We will get involved.; This study is being ordered for trauma or injury.; Feb. 2017.; There has been treatment or conservative therapy.; Was dx with cervical fx, maybe some hairline fx in the low back.; Cont w neck pain to the right shoulder/scap/trap area. Has some days he cant even lift his arm. Right arm pain and numbness to the fingertips. Wakes up with his arm being dead asleep. Headache.; Cymbodronaprin, Gabapentin, Tramadol, Trazodone.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology. LBP Patient presents today stating that he has had a 6-8 month history of left low back and buttock pain extending into the posterior leg stopping in the calf. He notes numbness and tingling in the same area. He states his pain is a burning sensation with.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain.; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not X-ray evidence of a recent lumbar fracture.; Left lateral flexion was not restricted and was painful. Right lateral flexion was not restricted and was painful. Special Tests: positive Straight Leg Raise on the left and positive Contralateral Straight Leg Raise on the right. Ms. Humphrey called today about her pain she has been experiencing. She states her pain is to left lower back radiating to her hip and left posterior leg. She states the pain is only present when up walking or with certain positional movements while in bed.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above. |
Ms. Bryant complains of constant bilateral low back and upper hip pain. She describes the pain as a stabbing, electrical feeling that is a 10/10 on the pain scale. She also complains of some right leg pain but states that her back pain is worse. She denies; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.

Patient returns to clinic with complaints of worsening low back pain. She reports onset a few months ago and reports worsening while doing any kind of housework. She reports rest helps some and is taking diclofenac that provides mild relief. She reports p.; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above

Patient’s main complaint is right leg pain with N/T in no specific dermatomal distribution for over 9 months. Her prior MRI is more then 9 months old and is of very poor quality. We will obtain a new MRI in a closed magnet for further review. If this is n; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.

Pt referred for neurosurgical evaluation. New MRI needed to assess possible need for surgery; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.
She states that in January 2017 she began having severe low back pain. She states that the pain has gotten so severe at times that it was difficult for her to get out of bed and ambulate. She denies any radiating leg pain but states that her legs "buckle; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Tenderness and spasm and decreased range of motion for neck and back.; This study is being ordered for a neurological disorder.; 2016; There has been treatment or conservative therapy.; Constant back pain, aching and burning radiating to left foot and left thigh. Worsening at night, leg pain, numbness, tingling and weakness. Neck pain radiates down left shoulder and left scapula, stiffness, numbness and weakness. Described as stabbing p; Physical therapy and muscle relaxants; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s) 2

Unknown; The study requested is a Lumbar Spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks. ; This study is being ordered for a neurological disorder.; 10/01/2017; There has not been any treatment or conservative therapy.; Sharp lbp; progressing into rt buttock and down into rt leg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Bilateral hip pain.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.
<table>
<thead>
<tr>
<th>Procedure Description</th>
<th>Approval/Disapproval</th>
<th>Approval/Disapproval Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRI Joint of Upper Extremity</td>
<td>Neurological Surgery Disapproval</td>
<td>Radiology Services Denied Not Medically Necessary</td>
</tr>
<tr>
<td>MRI Joint of Lower Extremity, Hip or Knee or Ankle or Foot Joint</td>
<td>Neurological Surgery Disapproval</td>
<td>Radiology Services Denied Not Medically Necessary</td>
</tr>
<tr>
<td>CT ABD &amp; Pelvis W/O CONTRAST</td>
<td>Neurological Surgery Disapproval</td>
<td>Radiology Services Denied Not Medically Necessary</td>
</tr>
<tr>
<td>CT Brain, Head</td>
<td>Neurology Approval</td>
<td>This is a request for a brain/head CT; This study is being requested for vestibular testing; There is another reason why an MRI is not being considered; MD ordered CT.</td>
</tr>
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<td>CT Brain, Head</td>
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</tr>
</tbody>
</table>

The requested study is a Shoulder MRI; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; &gt; Enter answer here - or Type In Unknown if No Info Given. &gt;
Patient has been diagnosed with peripheral neuropathy, Lumbar puncture has been ordered to rule out chronic inflammatory demyelinating polyneuropathy. The radiologist requires a CT of the head be done prior to the lumbar puncture; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.

This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.

This is a request for a brain/head CT.; Evaluation of known or suspected CSF (cerebrospinal fluid) leak best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.

This is a request for a brain/head CT.; 'None of the above' best describes the patient's tumor.; Known or suspected tumor best describes the reason that I have requested this test.

This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.

This is a request for a brain/head CT.; The patient has a known brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.

This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.

This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; The patient has one sided arm or leg weakness.; The patient has a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient is NOT able to have a Brain MRI for evaluation of these symptoms.

This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or aneurysm.; This study is being ordered for neurological deficits.

This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness.";

This study is being requested for a headache.

This study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.

Type In Unknown If No Info Given. &gt; This study is being ordered for a neurological disorder.; &lt; Enter date of initial onset here - or - Type In Unknown If No Info Given &gt; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or - Type In Unknown If No Info Given &gt; Medication, and physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
This study is being ordered for a neurological disorder.; 10/12/2017; There has not been any treatment or conservative therapy.; Migraine, Loss of consciousness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for a neurological disorder.; 2011; It is not known if there has been any treatment or conservative therapy.; Tremors since 2011, vertical double vision, mild eye droop when vision changes. symptoms fluctuate. Ruling out vascular cause from carotid artery dissection. MG.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a patient I have seen before with vertebral dissection and a right cerebellar infarct. He was placed on Coumadin for six-plus months, at the end of which he had a four vessel arteriogram and an MRI. The four vessel arteriogram was done on 02/28/; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

; This study is being ordered for a neurological disorder.; 6+ months ago; There has been treatment or conservative therapy.; Review of Systems &x0D; Eyes: Positive for visual disturbance. &x0D; Musculoskeletal: Positive for gait problem. &x0D; Neurological: Positive for dizziness, weakness and headaches. &x0D; Disoriented; This is a patient I have seen before with vertebral dissection and a right cerebellar infarct. He was placed on Coumadin for six-plus months, at the end of which he had a four vessel arteriogram and an MRI. The four vessel arteriogram was done on 02/28/; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

; This study is being ordered for a neurological disorder.; 09/15/17 - patient admitted to hospital; There has been treatment or conservative therapy.; weakness.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

; This study is being ordered for a neurological disorder.; 09/15/17 - patient admitted to hospital; There has been treatment or conservative therapy.; weakness.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Continued word finding difficulties; This study is being ordered for a neurological disorder.; 09/15/17 - patient admitted to hospital; There has been treatment or conservative therapy.; Describe treatment / MRI imaging of the brain, echocardiogram and carotid Doppler. Started on ASA 325mg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
70496 CT ANGIOGRAPHY
HEAD
W/CONTRAST/NONCONTRAST

Evaluate for intracranial stenosis and intracranial AVM; This study is being ordered for a neurological disorder.; 06/28/2017; There has not been any treatment or conservative therapy.; Pulsatile tinnitus; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology has been having dizzy spells for the past 2-3 years. Got was recently. In the last 6 months he had 4 spells. In one of the spells he was driving the car and he blacked out. He was with his wife. He blacked out for 15 seconds. He measured he came out of it; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2-3 YEARS AGO, IN THE LAST 6 MONTHS HAS HAD 4 SPELLS; It is not known if there has been any treatment or conservative therapy.; HAVING DIZZY SPELLS AND BLACKING OUT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Neurology Approval

70496 CT ANGIOGRAPHY
HEAD
W/CONTRAST/NONCONTRAST

Headache chronic problem. The current episode started more than 1 year ago. Started last March, most recent episode was last week. The pain is located in the occipital region. Loss of Consciousness. This is a chronic problem. The current episode started m; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Neurology Approval

70496 CT ANGIOGRAPHY
HEAD
W/CONTRAST/NONCONTRAST

MRI of the Brain on 9/25/17 Showed no acute intracranial findings. Probable small arachnoid cyst in the Left posterior fossa. Reviewed test results with patient. In order to rule out any vascular insufficiency I will order an CTA of the head and neck. Thi;

Neurology Approval

70496 CT ANGIOGRAPHY
HEAD
W/CONTRAST/NONCONTRAST

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. 1

Neurology Approval

70496 CT ANGIOGRAPHY
HEAD
W/CONTRAST/NONCONTRAST

Patient has a medical history of stroke, TIA, and Carotid occlusion and stenosis; This study is being ordered for a neurological disorder.; 3/7/2016; There has been treatment or conservative therapy.; Patients wife stated that patient became temporarily unresponsive, and stated that his eyes started drooping. Described the left side of his face as "drawn up"; patient was started on a daily Aspirin regimen along with Plavix. Previous CTA imaging, done in March 2016, showed carotid artery occlusion as well.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Neurology Approval

70496 CT ANGIOGRAPHY
HEAD
W/CONTRAST/NONCONTRAST

Patient with right sided weakness Numbness on right side of face Memory loss Episodes of syncope; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; May 2017; It is not known if there has been any treatment or conservative therapy.; TIA Syncpe weakness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Neurology Approval

70496 CT ANGIOGRAPHY
HEAD
W/CONTRAST/NONCONTRAST

posterior circulation stroke; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
Right sided stenosis; This study is being ordered for a neurological disorder.; @ 10/16/2017; It is not known if there has been any treatment or conservative therapy.; Vertigo, Headache, numbness and involuntary movement left face; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

She was admitted to hospital with transient lower extremity weakness . CT imaging of the brain did not show evidence of acute findings. CTA of the head and neck suggested a left external carotid artery thrombus. Anticoagulation is not recommended. She; This study is being ordered for Vascular Disease.; 11/15/2017; There has been treatment or conservative therapy.; Hospital follow up for bilateral lower extremity numbness, weakness worse LLE than RLE.; Was evaluated with PT and medication therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

The current episode started more than 1 year ago the problem occurs constantly. The problem has been unchanged. Associated symptoms include chills a fever, joint swelling, Unable to walk without assistance falling foot drop Tingling. The symptoms are agr; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

This 61 year old female presents for syncope.

<table>
<thead>
<tr>
<th>Neurology</th>
<th>Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST RAST</td>
<td>Yes, this is a request for CT Angiography of the brain.</td>
</tr>
</tbody>
</table>
This study is being ordered for a neurological disorder; medication, and physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; Tremors since 2011, vertical double vision, mild eye droop when vision changes. Symptoms fluctuate. Ruling out vascular cause from carotid artery dissection. MG; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; Review of Systems Eyes: Positive for visual disturbance. Musculoskeletal: Positive for gait problem. Neurological: Positive for dizziness, weakness and headaches. Disoriented; This is a patient I have seen before with vertebral dissection and a right cerebellar infarct. He was placed on Coumadin for six-plus months, at the end of which he had a four vessel arteriogram and an MRI. The four vessel arteriogram was done on 02/28/; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; TIA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; weakness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology;
Continued word finding difficulties; This study is being ordered for a neurological disorder.; 09/15/17 - patient admitted to hospital; There has been treatment or conservative therapy.; Describe treatment / MRI imaging of the brain, echocardiogram and carotid Doppler. Started on ASA 325mg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Evaluate for intracranial stenosis and intracranial AVM; This study is being ordered for a neurological disorder.; 06/28/2017; There has not been any treatment or conservative therapy.; Pulsatile tinnitus; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

has been having dizzy spells for the past 2-3 years. Got was recently. In the last 6 months he had 4 spells. In one of the spells he was driving the car and he blacked out. He was with his wife. He blacked out for 15 seconds. He measured he came out of it; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2-3 YEARS AGO, IN THE LAST 6 MONTHS HAS HAD 4 SPELLS; It is not known if there has been any treatment or conservative therapy.; HAVING DIZZY SPELLS AND BLACKING OUT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Headache chronic problem. The current episode started more than 1 year ago. Started last March, most recent episode was last week. The pain is located in the occipital region. Loss of Consciousness. This is a chronic problem. The current episode started m; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. MRI of the Brain on 9/25/17 Showed no acute intracranial findings. Probable small arachnoid cyst in the Left posterior fossa. Reviewed test results with patient. In order to rule out any vascular insufficiency I will order an CTA of the head and neck. Thi; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

patient has a medical history of stroke, TIA, and Carotid occlusion and stenosis; This study is being ordered for a neurological disorder.; 3/7/2016; There has been treatment or conservative therapy.; Patients wife stated that patient became temporarily unresponsive, and stated that his eyes started drooping. Described the left side of his face as "drawn up"; patient was started on a daily Aspirin regimen along with Plavix. Previous CTA imaging, done in March 2016, showed carotid artery occlusion as well.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
Patient with right sided weakness. Numbness on right side of face. Memory loss. Episodes of syncope. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; May 2017; It is not known if there has been any treatment or conservative therapy.; TIA. Syncpe weakness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Unknown; This study is being ordered for a neurological disorder.; October, 2017 - developed acute headache, dizziness and fatigue. MRI ordered, abnormal.; It is not known if there has been any treatment or conservative therapy.; headaches, dizziness, fatigue; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Yes, this is a request for CT Angiography of the Neck.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/1/2014; It is not known if there has been any treatment or conservative therapy.; Wernicke encephalopathy, vomiting, double vision, gait, ataxia, mild memory loss; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

HPI
Early Sept 2017
Dim vision 50% x 1wk. Consulted on 2nd day&amp;#xD; Optometrist: dx optic neuritis, f/u with PCP&amp;#xD; Vision back to usual after 1 wk of change in vision&amp;#xD; ROS: sensation of head "bobbing" like everything's rising up intermittently&amp;#xD; "HA inside of; This study is being ordered for a neurological disorder.; Early Sept 2017; There has not been any treatment or conservative therapy.; Mr. Scott R Hammond is a 37 y.o. male with an episode of "optic neuritis", during which his vision went dim for 1 week. He isn't sure which eye, thinks it was both eyes. No tests were done, but he thinks that his color vision was affected. He is back to ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

OPTIC NEURITIS,RIGHT EYE VISION LOSS,1. Consult &amp;#xD; Woman with right eye vision loss. Woke up 6d/a c R eye yellowish scotoma that evolved over hours into a gray scotoma in center. Can see some colors in periphery. Painless. L eye ok. No past h/o this; There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis); There is NOT a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.

Patient with MS and BIH with recent new MS activity but also abnormal MRI brain. Evaluate abnormal MRI and BIH with continued symptoms of vision change; There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis); There is NOT a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.
70540 MRI ORBIT/FACE/NECK W/O DYE
There is a suspicion of an infection or abscess.; This is a request for an Orbit MRI.;
There is not a history of orbit or face trauma or injury.

70540 MRI ORBIT/FACE/NECK W/O DYE
There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.

70544 Mr angiography head w/o dye
There is not a history of orbit or face trauma or injury.

70544 Mr angiography head w/o dye
There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is not a history of orbit or face trauma or injury.

70544 Mr angiography head w/o dye
There is a suspicion of an infection or abscess.; This is a request for an Orbit MRI.;
There is not a history of orbit or face trauma or injury.

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There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is not a history of orbit or face trauma or injury.

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70544 Mr angiography head w/o dye
There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is not a history of orbit or face trauma or injury.

70544 Mr angiography head w/o dye
There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is not a history of orbit or face trauma or injury.

70544 Mr angiography head w/o dye
There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is not a history of orbit or face trauma or injury.
had an episode of severe headache associated with severe hypertension last month
continued memory loss He had an episode of facial weakness 4-5 years ago that was
attributed to a stroke, but did not have weakness anywhere else, and no evidence of
stroke ; There is not an immediate family history of aneurysm.; The patient does not
have a known aneurysm.; The patient has not had a recent MRI or CT for these
symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a
request for a Brain MRA.

There is an immediate family history of aneurysm.; This is a request for a Brain MRA.

There is not an immediate family history of aneurysm.; The patient does not have a
known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There
has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.

There is not an immediate family history of aneurysm.; The patient does not have a
known aneurysm.; The patient has a known aneurysm.; This is a request for a Brain
MRA.

This is a request for a head and neck MR Angiogram.; The patient has a known
aneurysm.; This is a request for a Brain MRA.

Unknown; This study is being ordered for a neurological disorder.; 01/01/17; There
has been treatment or conservative therapy.; Unknown; Patient has had steroid
therapy. Currently on pain medication; One of the studies being ordered is NOT a
Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering
MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical
Oncology or Radiation Oncology unknown; This study is being ordered for a neurological disorder.; 10/24/2017; It is
not known if there has been any treatment or conservative therapy.; unknown; One
of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET
Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/17/2017; There has been treatment or conservative therapy.; headaches, extremity weakness, leg and body pain, migraines, numbness, dizziness.; medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Headaches; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

39-year-old gentleman presents with episodes of right facial numbness. He has had 2 spells that he describes as being the most severe. The most recent one was a couple of weeks ago. They lasted about an hour and about 30 minutes respectively. Right fa; This is a request for a Neck MR Angiography.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had an onset of neurologic symptoms within the last two weeks.; It is unknown if the patient had an ultrasound (doppler) of the neck or carotis arteries.; The patient does not have carotid (neck) artery surgery.

Headaches; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

syncopal episodes; There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a recent (less than 2 week) neck or carotid artery ultrasound.

The patient has had a recent MRI or CT for these symptoms.; This is a request for a Neck MR Angiography.

The patient has not had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Neck MR Angiography.

The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness."; This is a request for a Neck MR Angiography.

The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; "There is not a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness.;" This is a request for a Neck MR Angiography.; The patient has not had an abnormal ultrasound of the neck.

This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient has a known aneurysm.
This is a request for a Neck MR Angiography.; The patient has a one-sided arm or leg weakness.; The patient has an onset of neurologic symptoms within the last two weeks.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.; unknown; This study is being ordered for a neurological disorder.; 10/24/2017; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).
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This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thundersclap headache. 

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This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was normal. 

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This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache. 

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This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma. 

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This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered. 

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This study is being ordered for a neurological disorder.; 01/2017; There has been treatment or conservative therapy.; Patients has abnormal movements, confusion, weakness, memory loss, stiffness, falling, seizures.; Patient had nerve ablations done. Did not help. Had PT and did not help.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology. 

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This study is being ordered for a neurological disorder.; 06/27/2017; There has been treatment or conservative therapy.; Dizziness, headache.; Keppra; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology. 

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This study is being ordered for a neurological disorder.; 10/12/2017; There has not been any treatment or conservative therapy.; Migraine, Loss of consciousness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology. 

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Neurology Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This study is being ordered for a neurological disorder.; 11-29-2017; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Neurology Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This study is being ordered for a neurological disorder.; 2 Years Ago; There has been treatment or conservative therapy.; Severe Headaches, Weakness, Numbness.; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Neurology Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This study is being ordered for a neurological disorder.; 2015; There has not been any treatment or conservative therapy.; Numbness in legs, tingling; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Neurology Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This study is being ordered for a neurological disorder.; 5 years; There has been treatment or conservative therapy.; mbr has pain; oral meds and home PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Neurology Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This study is being ordered for a neurological disorder.; October 2015; There has been treatment or conservative therapy.; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Neurology Approval

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given.; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given.; Neck surgery in 2012. PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; There has been treatment or conservative therapy.; headaches weakness numbness dizziness; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Neurology Approval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; There has been treatment or conservative therapy.; left thigh weakness; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Neurology Approval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/12/2016; There has been treatment or conservative therapy.; &lt;Describe primary symptoms here - or Type In Unknown If No Info Given&gt;; medication physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Neurology Approval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/2015; There has been treatment or conservative therapy.; &lt;Enter date of initial onset here - or Type In Unknown If No Info Given&gt;; medication; physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Neurology Approval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/1/2014; It is not known if there has been any treatment or conservative therapy.; &lt;Enter date of initial onset here - or Type In Unknown If No Info Given&gt;; Wernicke encephalopathy, vomiting, double vision, gait, ataxia, mild memory loss; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Neurology Approval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; for about 3 months; There has been treatment or conservative therapy.; &lt;Enter date of initial onset here - or Type In Unknown If No Info Given&gt;; COUGHING, clearing of throat Globus sensation, severe reflux; ER VISITS, MEDICAL VISITS specialist patient had EGD; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Neurology Approval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; The patient returns for her migraines. She says the Topamax is no longer helpful. She also does not find the Maxalt helpful. She denies that her headaches have changed in quality but are occurring more frequently. She says she doesn't sleep well; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.
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<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>This study is being ordered for a neurological disorder.; 2009; There has been treatment or conservative therapy.; He reports that he feels as though he has &quot;lost muscle&quot; since his last visit and feels that he is just not as strong as he used to be. He is noticing that he is not able to lift as much weight as he had in the past when working out. Has occasional twitch.; After intial diagnosis recieve 3 days of IV solumedrol, started Copaxone in 2012 but was discontinued due to severe viral infections. He is currently not on treatment.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.</td>
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<tr>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; This study is NOT being ordered as a 12 month annual follow up.; The patient has new symptoms.</td>
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<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing fatigue or malaise.</td>
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<tr>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</td>
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This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing fatigue or malaise.

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell’s Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise.

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise.

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise.

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise.

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are not intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.
This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for a neurological disorder.; about 1 year ago which would be 2016; It is not known if there has been any treatment or conservative therapy.; She reports having had 2 episodes of unusual near syncope events that have occurred approximately one year apart. The first episode was in September 2016 and then a second episode in September 2017. She states that the events start with feeling a pressure; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for a neurological disorder.; march 2017; There has not been any treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for Inflammatory/ Infectious Disease.; unknown; Myopathy insignificant lesions; Post treatment solu-medrol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
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<td>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Ms. West is a 38 y.o. Caucasian female who presents to the neurology clinic at the request of Dr. Kaur for evaluation of episodes of facial numbness, muscle twitching, and slurred speech. The patient reports several other neurological complaints as well. She has been treated with conservative therapy; facial numbness, muscle twitching, and slurred speech. The patient reports several other neurological complaints as well. She states that symptoms started with significant pain in her muscles in her shoulders which she thought was related to arthritis; patient has been taking prednisone, hydroxychloroquine, flexeril and amitriptyline; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology. 1</td>
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| 1. *headache: The patient presents with a history of headache which she says she has had continuously for 92 days. She denies any history of fevers or chills or head or neck injury. She says the headaches are holoacranial and often associated with nausea.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation). 10/23/2017
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<td>39 year old woman with neck and left arm pain. Previous EMG demonstrated evidence of a mild left C7 radiculopathy. This was not seen on her EMG today, which was a normal study. I think most of her neck pain is due to muscle spasms, which may also be trig; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation). 1</td>
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39-year-old gentleman presents with episodes of right facial numbness. He has had 2 spells that he describes as being the most severe. The most recent one was a couple of weeks ago. They lasted about an hour and about 30 minutes respectively. Right fa; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).

39-year-old gentleman with a chest fullness and pain. Worsens when he sits down or exercises. One thing that has not been looked at is any demyelinating disease in the cervical spine or the brain. I will start there diagnostically.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; This study is NOT being ordered as a 12 month annual follow up.; The patient has new symptoms.

39-year-old lady with a concussion and incidentally found Chiari malformation. Repeat MRI to look for movement in the Chiari.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing fatigue or malaise.

39-year-old presents with EMS. She was diagnosed 5 years ago at UCLA. I reviewed her MRI from that time. There were fairly large areas in the right cerebellum and pons. Other lesions seen in the splenium of the corpus callosum as well as the higher sub; This study is being ordered for a neurological disorder.; 2012; It is not known if there has been any treatment or conservative therapy.; With her first ever attack she start having right-sided weakness slurred speech and vertigo She has continued right-sided weakness. Numbness in the fourth and fifth digit on the right side. On the left side for about the past week she has had numbness b; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

56-year-old lady presents with memory loss. She reported memory loss for about 3-4 years but states that it is worse recently. She describes short-term and long-term memory loss. She has to retrace her steps. She forgets conversations. She has diffic; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness.
Abnormal brain scan; History / Dx: Woman with chronic headaches with some migraine features since a motor vehicle accident July 2016. Also some neck pain, sometimes radiating down the right arm. Insurance refused MRI C-spine unless she failed physcia; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma. Brain lesion; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of seizures; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; There has not been a previous Brain MRI completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

cervical fracture; This study is being ordered for trauma or injury.; 1 year ago; There has been treatment or conservative therapy.; migraines, headaches, memory loss, confusion, numbness., scans, and conservative treatment; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

CT head interpreted as no acute disorder, on my review with some frontal atrophy. &amp;#x0D; Atypical movement disorder with abnormal speech &amp;#x0D; Acquired hepatocerebral degeneration? &amp;#x0D; voice tremor, mod rig rue, mod bradykinesia rue, atypical postural hand tremor.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.
Neurology
Approval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
D32.9 Meningioma, Woman with several months of fatigue progressing to some left neck and shoulder pain, then headaches around the left eye without migraine or autonomic features, responsive to ibuprofen. Did not improve with getting on clonidine for bloo; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.

Neurology
Approval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Description
Numbness in right leg (R20.0). She has numbness in the entire right leg. I did an EMG nerve conduction and it was normal, therefore there is no nerve entrapment and it unlikely this would represent a radiculopathy given her symptoms and.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are not intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.

Neurology
Approval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Dizziness, Numbness and tingling sensation of skin, Aura.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing dizziness.

Neurology
Approval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
DOUBLE STUDY + MRA= AUTOMATIC REVIEW. WILL JUST FAX NOTES.; This study is being ordered for Vascular Disease.; DOUBLE STUDY + MRA= AUTOMATIC REVIEW. WILL JUST FAX NOTES.; There has been treatment or conservative therapy.; DOUBLE STUDY + MRA= AUTOMATIC REVIEW. WILL JUST FAX NOTES.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Neurology
Approval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Evaluate Multiple Sclerosis; This study is being ordered for a neurological disorder.; June 2016; There has been treatment or conservative therapy.; numbness and skin disturbance, balance issues, history of Multiple Sclerosis; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Neurology Approval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
Evaluating progression of Multiple Sclerosis; This study is being ordered for a neurological disorder.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; dizziness, weakness, walking and balance problems; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

FOLLOW UP MRI BRAIN W/O 6MOS.

PROCEDURE(S): MRI BRAIN W/CONTRAST

Procedure: MRI brain with contrast

Indication: Temporal lobe lesion

Comparison: 5/20/2017

Technique: Multiplanar postcontrast imaging of the brain was performed with contrast; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.

Headache and confusion; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient does not have HIV or cancer.; The patient has a sudden and severe headache.; The patient has a recent onset (within the last 3 months) of neurologic symptoms.

Headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Headaches; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

History of migraines with recent worsening; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

History of Present Illness: This 27 year old male presents with tremors. Mr. Smith is a 27 year old man who comes to the clinic today for evaluation of tremors. Starting around June, he began to notice a tremor in his right hand. It mostly occurred on; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing dizziness.
History of Present Illness:
1. f/u of RH Man with h/o renal stones ~5y/a. After that developed shocklike pains shooting down L leg to big toe. Resolved in ~5s, but then his L leg seemed weak and p that he had trouble walking. Never returned to nil; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack); This study is NOT being ordered as a 12 month annual follow up.

HPI:
Early Sept 2017
Dim vision 50% x 1wk. Consulted on 2nd day.
Optometrist: dx optic neuritis, f/u with PCP
Vision back to usual after 1 wk of change in vision.
ROS: sensation of head "bobbing" like everything's rising up intermittently; "HA inside of;
Mr. Scott R Hammond is a 37 y.o. male with an episode of "optic neuritis", during which his vision went dim for 1 week. He isn't sure which eye, thinks it was both eyes. No tests were done, but he thinks that his color vision was affected. He is back to normal.

I reviewed his MRI. He does have some unexplained brought objects in the brain. There do not appear strongly changed from previous study done a year ago. No optic tumor was noted. Was recommended by radiology that we should do a dedicated thin cuts th; This request is for a Breast MRI; The study is being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.

IMPRESSION: Very nice 31-year-old female who presents with an unusual pain syndrome. Etiology uncertain. She had a limited brain MRI done at one of the open machines in June, but there were only sagittal cuts. We'll need a more thorough brain MRI as we; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Neurology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Memory changes: likely secondary to underlying sleep problems/stress. MMSE normal. No concern for dementia at this moment. Will run some tests to evaluate for any reversible pathology.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; It is unknown why this study is being ordered.

Neurology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Colonoscopy, EBTC, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Neurology Approval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Mr. Charley Boyd is a 47 y.o. male. Headaches have been present for year(s), and are now no change. Frequency is daily. Location of the headache is temporal region on the Bilateral sides. Quality of the pain is achy, dull, occurs more in the am, occurs; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

MRI Brain was done without contrast. needing to do it with contrast. 50 Year old right handed male here for evaluation of memory loss and facial twitching. Most of the history is obtained from the patient. Patient reports that from past few months he was ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

MRI of the brain to make sure there is no intracranial cause for headache; MRI of the cervical spine to insure there is no disc disease as a cause for her symptoms; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; March, 2017; There has been treatment or conservative therapy.; Daily headaches begin in the occipital area and radiate anteriorly; nausea&x003D; phonophobia; Patient has tried Fiorcet without benefit. Has had some benefit from BC Powder but requires taking several times per day; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Neurology

Multiple Sclerosis: Patient with a history of multiple sclerosis hypertension diabetes here for follow-up. He was placed on Tysabri after His Diagnosis in January 2015 due to heavy burden of lesions on brain scan and spinal cord. He is remained quite stab; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. This study is being ordered for a neurological disorder.; diagnosed with MS February 2015; There has been treatment or conservative therapy.; patient has Multiple Sclerosis; Tecfidera and MRI monitoring; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

Neurology

Numbness hands. Just found out has bone spur in neck and that she has blood clots in right arm. Says that whole body will go numb and that she will feel like she is going to pass out and Headache every couple of months. Didn’t start until she was on life; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache. 1

Neurology

Onset of symptoms was about 6 years ago with initially very rare episodes occurring approximately 2 times per year. However, over the past 3 months these have increased significantly in frequency. She reports 2 events with complete loss of consciousness a; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell’s Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo. 1

Neurology

Patient has had migraines since the age of 22yrs and over the last five years they have become a lot worse with new symptoms having more and worse pain. Since the worsening pain and new symptoms it is requested that we do a MRI brain.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vertigo.; It is unknown why this study is being ordered. 1

Neurology

Over the weekend she was hospitalized for an episode of vertigo. Ultimately demonstrated improvement and was discharged home with Meclizine and another prescription. On the day she went to the ED, she noticed a gradual onset of symptoms in the morning t; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was normal. 1
Patient has known Multiple Sclerosis—Follow up MRI; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown, multiple sclerosis diagnosed years ago.; There has been treatment or conservative therapy.; Multiple Sclerosis—Known.; Aubagio; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Patient having dizziness and numbness and tingling in lower extremities. About 2 months ago he was driving and began to have tightness/heavy feeling in his head and lower legs. Pt states that he also has a claustrophobia feeling with these symptoms. He ha; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.

Patient with syncope and dizziness aside from her headaches. Needs further evaluation; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient is experiencing dizziness.

Patient's memory disturbance has gotten worse, now unable to handle finances and getting loss when driving; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

Patient's memory loss has gotten progressively worse; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

Patient's wife called asking about MRI and VER being scheduled. Informed wife of situation and told her to call scheduling. Patient stated the patient is still having problems with vision, weakness, and confusion. Stated that they have never seen an ophtha; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
Neurology Approval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

positive pulsatile tinnitus; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 2 1/2 weeks ago; There has not been any treatment or conservative therapy.; photophobia

...........nausea...headaches.... pressure; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Neurology Approval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Presents with difficulty processing words over the past few years. Knows what she wants to say but unable to process. Also reports problems with memory - both short and long term. Feels she repeats herself a lot.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

Neurology Approval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Presyncopal spells
numbness
headache

Ringing in the ears

60 year old female with atypical paresthesias of the I scalp and presyncopal feelings , concerning possible stenosis of the cervical large vessels; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Neurology Approval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Problem #1 headaches. Doing better. Hard to describe, admits pounding, achy, pressure, sore. No significant light sensitivity. No smell/sound sensitivity. &RxOD; &RxOD; Never went for her Brain MRI; will re-order.&RxOD; Had kidney stone while pregnant, was considering z; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Neurology Approval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

pt having tremors around 3-4 months. Started in the left hand now in the right hand too, Mostly with activity. It interferes With her daily activities such as driving, holding a spoon, drinking water etc. No recent falls. As far as she can tell no RBD. Se; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were normal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

Neurology Approval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

pt is also having extreme dizziness; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Neurology Approval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Recurrent stereotypic spells consistent of GTC activity and nocturnal spells concerning for primary generalized epilepsy/ frontal lobe seizures; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.
Neurology  Approval  70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Reflexes: Slightly Hyperreflexic. This is a chronic problem. The current episode started more than 1 year ago. I will order an MRI of the cervical spine to rule out myelopathy or radiculopathy due to unresolved numbness and tingling along with hyperreflexia. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Reoccurrences CVA.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. I will order an MRI of the cervical spine to rule out hydrocephalus. This request is for a Brain MRI. The study is being requested for evaluation of a headache. The headache is described as chronic or recurring. It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change. It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects. There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

SEVERE EXASPERATION. SIGNIFICANT SITE REACTION/MULTIPLE HYPERINTENSIVE REACTIONS. TWO ENHANCING LESIONS. DR SUSPECTS THAT THIS RESULTS VERTIGO. SHORT COURSE OF STEROIDS. PT WAS FATIGUED AND TIRED. DIAZAPAM WAS GIVEN TO THE PT.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; JAN 2017; There has been treatment or conservative therapy.; SEVERE EXASPERATION. SIGNIFICANT SITE REACTION/MULTIPLE HYPERINTENSIVE REACTIONS. TWO ENHANCING LESIONS. DR SUSPECTS THAT THIS RESULTS VERTIGO. SHORT COURSE OF STEROIDS. DIAZAPAM WAS GIVEN TO THE PT.; SHORT COURSE OF STEROIDS. DIAZAPAM WAS GIVEN TO THE PT. BACLOFEN AND GABAPENTIN.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

She is going to have repeat MRI brain, C-spine, and labs. I'd like to meet back with her in a few weeks after having chest review all these studies and to reexamine her and assess effectiveness of this past year of Tysabri treatment and discuss our plan. This study is being ordered for a neurological disorder. 11/13/2000;&lt;#x0D;&lt;#x0D; Patient with a 20+ year history of MS; There has been treatment or conservative therapy.; Walking with cane and assistance. &lt;#x0D;&lt;#x0D; Still with significant spasticity, weakness, gait disorder.; Failed Copaxone and Betaseron. On trial of Tysabri since 12/2016. JCV+ with stable titer. Now that she has been on Tysabri for one year, we need to reassess treatment plan; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Symptoms are whenever he turns his head sideways suddenly he has tingling that starts in the head and then migrates to his crotch. It last for 5-10 seconds. And it can repeat every 5-10 seconds for 15 times. After these episodes he feels lethargic; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

SYNCOPE, DIZZINESS, FATIGUE, DYSPNEA, HEADACHE, FLOATING SENSATION, DENIES RELIEVING FACTORS, CHEST PAIN, SENSORY CHANGES IN HIS LOWER LIMBS, TINGLING IN ARMS, NECK PAIN. R/O MASS, CVA.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.

The current episode started more than 1 month ago. The problem occurs constantly. The problem has been unchanged. Associated symptoms include neck pain, numbness and weakness. Associated symptoms comments: Tingling Pain The symptoms are aggravated by stress; One of the studies being ordered is a Breast MRI, CT Colonoscopy, ECT, MRS, PET Scan, or Unlisted CT/MRI.

The current episode started more than 1 year ago. The problem occurs daily. The problem has been gradually worsening. The pain is located in the frontal region. The pain does not radiate. The quality of the pain is described as throbbing and stabbing. The; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache. The patient presents with a history of recurring headaches for over 20 years. She says when the headaches are more severe they are associated with photo and phonophobia as well as nausea. She denies any recent head or neck trauma. She denies fevers or ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

This 50 year old female presents with dizziness. Ms. Carroll is a 50 year old woman who comes to the clinic today for evaluation of dizziness. About 2 years ago she started working out and while she was running on a treadmill she began to feel dizzy and ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing dizziness.
This 57 year old female presents with pain and weakness. Ms. Brown returns to the clinic today for follow up on pain and weakness. She continues taking Tecfidera which she thinks is helping. She has recently ran out of days with physical therapy but cont; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; June 2015; There has been treatment or conservative therapy.; This 57 year old female presents with pain and weakness. Ms. Brown returns to the clinic today for follow up on pain and weakness. She continues taking Tecfidera which she thinks is helping. She has recently ran out of days with physical therapy but cont; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation); Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The patient has Bell's Palsy.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; A metabolic work up was done including urinalysis, electrolytes and complete blood count with results completed.; The lab results were abnormal.; The patient is experiencing loss of smell.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing dizziness.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.
This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing fatigue or malaise.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing vertigo.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing dizziness.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing fatigue or malaise.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are recent neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; The patient has a congenital abnormality.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient has a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; This is NOT a Medicare member.
This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; It is not known if the patient has undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has undergone treatment for multiple sclerosis.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; It is not known if a biopsy has been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (Transient ischemic attack).

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual acuity.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for infection or inflammation.
This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered as a 12 month annual follow up.; This is a routine follow up.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Multiple Sclerosis.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include something other than worsening Parkinson symptoms, dizziness, vision changes, one sided arm or leg weakness, or the inability to speak.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include something other than worsening Parkinson symptoms, dizziness, vision changes, one sided arm or leg weakness, or the inability to speak.

This request is for a Brain MRI; The study is being ordered for Multiple Sclerosis.; This study is being ordered as a 12 month annual follow up.; This is a routine follow up.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include something other than worsening Parkinson symptoms, dizziness, vision changes, one sided arm or leg weakness, or the inability to speak.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include something other than worsening Parkinson symptoms, dizziness, vision changes, one sided arm or leg weakness, or the inability to speak.

This request is for a Brain MRI; The study is being ordered for Multiple Sclerosis.; This study is being ordered as a 12 month annual follow up.; This is a routine follow up.

This request is for a Brain MRI; The study is being ordered for Multiple Sclerosis.; This study is being ordered as a 12 month annual follow up.; This is a routine follow up.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include something other than worsening Parkinson symptoms, dizziness, vision changes, one sided arm or leg weakness, or the inability to speak.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include something other than worsening Parkinson symptoms, dizziness, vision changes, one sided arm or leg weakness, or the inability to speak.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include something other than worsening Parkinson symptoms, dizziness, vision changes, one sided arm or leg weakness, or the inability to speak.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include something other than worsening Parkinson symptoms, dizziness, vision changes, one sided arm or leg weakness, or the inability to speak.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include something other than worsening Parkinson symptoms, dizziness, vision changes, one sided arm or leg weakness, or the inability to speak.
<table>
<thead>
<tr>
<th>Neurology</th>
<th>Approval</th>
<th>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurry or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</td>
<td>1</td>
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</tr>
<tr>
<td>Unknown; This study is being ordered for a neurological disorder.; 01/01/17; There has been treatment or conservative therapy.; Unknown; Patient has had steroid therapy. Currently on pain medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Unknown; This study is being ordered for a neurological disorder.; 01/01/17; There has been treatment or conservative therapy.; Unknown; Patient has had steroid therapy. Currently on pain medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/17/2017; There has been treatment or conservative therapy.; Headaches, extremity weakness, leg and body pain, migraines, numbness, dizziness.; medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/17/2017; There has been treatment or conservative therapy.; Headaches, extremity weakness, leg and body pain, migraines, numbness, dizziness.; medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; RADIATING PAIN IN NECK TO HANDS. NUMBNESS AND TINGLING. WORSENING HEADACHES ASSOCIATED WITH CONFUSION AND GARbled SPEECH PER DR REPORT.; MEDICATION THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Vestibular schwannoma, 1. f/u & Rx0D; Man with vertigo attacks starting in 2016, with brain MRI showing a left acoustic schwannoma (3 mm) as well as arterial loops coursing over the seventh and eighth cranial nerves bilaterally and some sinus disease. Surger; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.

We want to rule out the strong possibility of Multiple Sclerosis, which he has a family history of.; This study is being ordered for a neurological disorder.; Mr. Palph Kolen is now a 47 year old right handed male who has been referred to me for evaluation and management of syncopal episode, neck pain and numbness in hands and wrists. His aunt had MS and he is concerned he may have it. He has had 4 syncopal epi; There has been treatment or conservative therapy.; Syncopal episodes, neck pain and numbness in hands and wrists. His aunt had MS and he is concerned he may have it. He has had 4 syncopal episodes over a 15 year period. He is usually standing when he had the episodes. He will begin to feel lightheaded and; Limiting exposure to excessive heat, avoiding lifting heavy objects, sitting or laying down when he becomes lightheaded; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

WORSENING HEADACHES; This study is being ordered for a neurological disorder.; June 2017; It is not known if there has been any treatment or conservative therapy.; FASCICULATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

worsening headache; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."); A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT

"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."); A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Approval</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT CHEST, THORAX</td>
<td>71250</td>
<td>A Chest/Thorax CT is being ordered; This study is being ordered for known tumor; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>CT CHEST, THORAX</td>
<td>71250</td>
<td>Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request; This is a request for a Chest CT; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>CT CHEST, THORAX</td>
<td>71250</td>
<td>Abnormal imaging test describes the reason for this request; This is a request for a Chest CT; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>CT CHEST, THORAX</td>
<td>71250</td>
<td>Abnormal laboratory test describes the reason for this request; This is a request for a Chest CT; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST</td>
<td>71275</td>
<td>This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc.; This is a request for a chest MRI.</td>
</tr>
<tr>
<td>MRI CHEST</td>
<td>71550</td>
<td>This study is being ordered for vascular disease; &quot;The ordering physician is not a surgeon, pulmonologist, or cardiologist.&quot;; There is no radiologic evidence of mediastinal widening; This is a request for a chest MRI.</td>
</tr>
<tr>
<td>CT CERVICAL SPINE, NECK SPINE NO CONTRAST</td>
<td>72125</td>
<td>Patient has already had an MRI, abnormal results so they now need to have a cervical CT; This study is not to be part of a Myelogram; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.</td>
</tr>
<tr>
<td>CT CERVICAL SPINE, NECK SPINE NO CONTRAST</td>
<td>72125</td>
<td>Patient has residual weakness from a prior CVA, bilateral CTS as seen on EMG, right pin neuropathy on EMG, pt cant have MRI due to pace maker; This study is not to be part of a Myelogram; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.</td>
</tr>
<tr>
<td>CT CERVICAL SPINE, NECK SPINE NO CONTRAST</td>
<td>72125</td>
<td>The patient does have neurological deficits; This study is not to be part of a Myelogram; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease; There is a reason why the patient cannot have a Cervical Spine MRI; The patient is experiencing or presenting symptoms of Abnormal gait.</td>
</tr>
<tr>
<td>CT CERVICAL SPINE, NECK SPINE NO CONTRAST</td>
<td>72125</td>
<td>This study is not to be part of a Myelogram; This is a request for a Cervical Spine CT; This study is being ordered due to neurological deficits; The patient is experiencing or presenting symptoms of abnormal gait; There is a reason why the patient cannot have a Cervical Spine MRI.</td>
</tr>
<tr>
<td>CT LUMBAR SPINE, LOW BACK</td>
<td>72131</td>
<td>This study is to be part of a Myelogram; This is a request for a Cervical Spine CT</td>
</tr>
</tbody>
</table>
One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for a neurological disorder.

This study is being ordered for a neurological disorder.

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This study is being ordered for a neurological disorder.

This study is being ordered for a neurological disorder.

This study is being ordered for a neurological disorder.

This study is being ordered for a neurological disorder.
This study is being ordered for a neurological disorder.; October 2015; There has been treatment or conservative therapy.; &lt;Describe primary symptoms here - or Type In Unknown If No Info Given.&gt; ; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt;Enter date of initial onset here - or Type In Unknown If No Info Given.&gt; ; There has been treatment or conservative therapy.; &lt;Describe primary symptoms here - or Type In Unknown If No Info Given;&gt; ; Neck surgery in 2012. PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/12/2016; There has been treatment or conservative therapy.; left thigh weakness; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/2015; There has been treatment or conservative therapy.; &lt;Describe primary symptoms here - or Type In Unknown If No Info Given;&gt; ; medication physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for a neurological disorder.; 05/2017; There has not been any treatment or conservative therapy.; He reports onset of symptoms around May or June of this year when he started noticing that he would have numbness of his lips, tong, and the inside of his mouth periodically. This would last only a few seconds and resolve, but it was occurring on a very f; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
This study is being ordered for a neurological disorder.; 2009; There has been treatment or conservative therapy.; He reports that he feels as though he has “lost muscle” since his last visit and feels that he is just not as strong as he used to be. He is noticing that he is not able to lift as much weight as he had in the past when working out. Has occasional twitchi; After initial diagnosis received 3 days of IV solumedrol, started Copaxone in 2012 but was discontinued due to severe viral infections. He is currently not on treatment.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

; This is a request for cervical spine MRI; Neurological deficits; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.

; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; left hand weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.

; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

; This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

; This study is being ordered for an inflammatory/infectious disease.; unknown; There has been treatment or conservative therapy.; Myopathy insignificant lesions; Post treatment solu-medrol; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
Neurology Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Ms. West is a 38 y.o. Caucasian female who presents to the neurology clinic at the request of Dr. Kaur for evaluation of episodes of facial numbness, muscle twitching, and slurred speech. The patient reports several other neurological complaints as well. Sh; There has been treatment or conservative therapy.; facial numbness, muscle twitching, and slurred speech. The patient reports several other neurological complaints as well. She states that symptoms started with significant pain in her muscles in her shoulders which she thought was related to arthritis, be; patient has been taking prednisone, hydroxychloroquine, flexeril, amitriptyline; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

39-year-old presents with EMS. She was diagnosed 5 years ago at UCLA. I reviewed her MRI from that time. There were fairly large areas in the right cerebellum and pons. Other lesions seen in the splenium of the corpus callosum as well as the higher sub; This study is being ordered for a neurological disorder.; 2012; It is not known if there has been any treatment or conservative therapy.; With her first ever attack she start having right-sided weakness slurred speech and vertigo She has continued right-sided weakness. Numbness in the fourth and fifth digit on the right side. On the left side for about the past week she has had numbness b; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Abnormal gait - Right leg spasticity, ataxic gait.&amp;x0D; will get MRI cervical spine without contrast to further evaluate. Ataxic gait.&amp;x0D; Seizure disorder; This is a request for cervical spine MRI; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.

Abnormal reflexes.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/14/2017; There has not been any treatment or conservative therapy.; Numbness and weakness on the left side of the body and lower back pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Amnestic during seizure episode.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; two weeks ago; There has not been any treatment or conservative therapy.; Paresthesia in left arm, confusion, seizure, (hour to recover); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
Neurology Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Back and neck pain radiating into extremities.; This study is being ordered for a neurological disorder.; 07/21/2017; There has been treatment or conservative therapy.; Back and neck pain radiating into extremities.; Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Neurology Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

cervical fracture; This study is being ordered for trauma or injury.; 1 year ago; There has been treatment or conservative therapy.; migraines, headaches, memory loss, confusion, numbness.; scans, and conservative treatment; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Neurology Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Cervical radicular pain, &Loading/SPOping/CRACKING GOING UP TO JAW/SHOULDERS.2. Neckpain &Loading/DOD; Onset: 5 years ago. Additional information: PCP ordered MR but not approved. Some radic pain down left arm. Has been; This is a request for cervical spine MRI; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.

Neurology Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Cervical radiculopathy and myelopathy.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Can demonstrate normal muscle force but cannot maintain this for more than fractions of a second.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Neurology Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Evaluate Multiple Sclerosis; This study is being ordered for a neurological disorder.; June 2016; There has been treatment or conservative therapy.; numbness and skin disturbance, balance issues, history of Multiple Sclerosis; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Neurology Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Evaluating progression of Multiple Sclerosis; This study is being ordered for a neurological disorder.; &Loading/Enter date of initial onset here - or Type In Unknown if No Info Given &gt;.; There has been treatment or conservative therapy.; dizziness, weakness, walking and balance problems; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
For: (M54.12) Radiculopathy, cervical region; 1. MRI cervical spine with and without contrast to assess.; 1. Will get the above testing first. If unrevealing, will consider CT injections.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 49 year old man with recent treatment and remission for non-Hodgkin’s lymphoma with R-CHOP. PNCV/EMG today shows mild bilateral CTS but also shows some findings suggestive of cervical radiculopathy. Polyneuropathy is unlikely given his PNCV results.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

History of testicular cancer. Patient with complaints of increase numbness and tingling in his upper and lower extremity. Numbness and paresthesias began after treatment chemotherapy for testicular cancer but also has underlying history of cervical lumbar; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; Increased muscle weakness, cramping and muscle drawing.; This study is being ordered for a neurological disorder.; May, 2017; There has been treatment or conservative therapy.; Muscle weakness, right lower extremity drawing, pain/cramping, numbness and tingling; Tried Gabapentin, hydrocodone, Prednisone, and Tizanidine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology;

injuries due to fall left unconscious.; This study is being ordered for trauma or injury.; feb 2017; There has not been any treatment or conservative therapy.; arm/leg pain, unconsciousness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology;

It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; 56 year old right handed male who comes as a follow up for neuropathy and low back pain. Patient has been following Booker/Dr. Pellegrino in the past. Patient reports that and current dose of gabapentin his paresthesias stable. Patient reports of really b

It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.; Eval for Demyelinating lesion.
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<th>Neurology</th>
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<td>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
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<td>It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.; Looking for new disc disease in the cervical or thoracic region; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; back pain, tingling both upper extremities, lower extremity numbness and tingling, history of cervical surgery, loss of balance; Treatment with Meloxicam, Tramadol and Soma; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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<td>Low bilateral midline stabbing pain that radiates to lower sciatica nerve; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2000; There has been treatment or conservative therapy.; Left leg numbness; increased trouble with bladder; worsened back pain; trouble walking; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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<td>motor weakness in right tricep; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; paresthesia extending from the neck down right arm to the thumb; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</td>
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<td>Multiple Sclerosis: Patient with a history of multiple sclerosis hypertension diabetes here for follow-up. He was placed on Tysabri after His Diagnosis in January 2015 due to heavy burden of lesions on brain scan and spinal cord. He is remained quite stab; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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<td>Multiple Sclerosis; This study is being ordered for a neurological disorder.; diagnosed with MS February 2015; There has been treatment or conservative therapy.; patient has Multiple Sclerosis; Tecfidera and MRI monitoring; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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Neurology Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

No info given.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2016; There has been treatment or conservative therapy.; numbness in digits 4-5 in left hand, bi lateral cramping positive tingling, sharp pain in feet toes and ankles, hyper active reflexes; Pt had nerve conduction study; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Neurology Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Patient has known Multiple Sclerosis--Follow up MRI; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown, multiple sclerosis diagnosed years ago.; There has been treatment or conservative therapy.; Multiple Sclerosis--Known.; Aubagio; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Neurology Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Patient's wife called asking about MRI and VER being scheduled. Informed wife of situation and told her to call scheduling. Patient stated the patient is still having problems with vision, weakness, and confusion. Stated that they have never seen an optha; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Neurology Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Reflexes: Slightly Hyperreflexic. This is a chronic problem. The current episode started more than 1 year ago I will order an MRI of the cervical spine to rule out myelopathy or radiculopathy due to unresolved numbness and tingling along with hyperrefl; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Neurology Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

SEVERE EXASPERATION. SIGNIFICANT SITE REACTION/MULTIPLE HYPERINTENSIVE REACTIONS. TWO ENHANCING LESIONS. DR SUSPECTS THAT THIS RESULTS VERTIGO. SHORT COURSE OF STEROIDS. PT WAS FATIGUED AMD TIRED. DIAZAPAM WAS GIVEN TO THE PT.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; JAN 2017; There has been treatment or conservative therapy.; SEVERE EXASPERATION. SIGNIFICANT SITE REACTION/MULTIPLE HYPERINTENSIVE REACTIONS. TWO ENHANCING LESIONS. DR SUSPECTS THAT THIS RESULTS VERTIGO. SHORT COURSE OF STEROIDS. PT WAS FATIGUED AMD TIRED. DIAZAPAM WAS GIVEN TO THE PT.; SHORT COURSE OF STEROIDS. DIAZAPAM WAS GIVEN TO THE PT. BACLOFEN AND GABAPENTIN.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
She is going to have repeat MRI brain, C-spine, and labs. I’d like to meet back with her in a few weeks after having chest review all these studies and to reexamine her and assess effectiveness of this past year of Tysabri treatment and discuss our plan of; This study is being ordered for a neurological disorder.; 11/13/2000 & Medical History; Patient with a 20+ year history of MS; There has been treatment or conservative therapy.; Walking with cane and assistance. & Medical History; Still with significant spasticity, weakness, gait disorder.; Failed Copaxone and Betaseron. On trial of Tysabri since 12/2016. JCV + with stable titer. Now that she has been on Tysabri for one year, we need to reassess treatment plan; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Neurology Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST suspected tethered cord; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; & Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; urinary retention; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Neurology Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST The current episode started more than 1 year ago. The problem occurs daily. The problem is unchanged. The pain is present in the thoracic spine. The quality of the pain is described as aching and stabbing. The pain does not radiate. The pain is at a severe; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Neurology Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.

Neurology Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.

Neurology Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.

Neurology Approval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST The patient is not presenting new symptoms.; This study is being ordered for follow-up.; This is a request for cervical spine MRI; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.".; The last cervical spine MRI was performed within the last 6 months.; Known Tumor with or without metastasis; Ependymoma, WHO grade II & Medical History; Ms. Blanton is clinically and radiographically stable. Her plan of care is to continue with surveillance MR imaging every 3 months.
This 57 year old female presents with pain and weakness. Ms. Brown returns to the clinic today for follow up on pain and weakness. She continues taking Tecfidera which she thinks is helping. She has recently ran out of days with physical therapy but cont; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; June 2015; There has been treatment or conservative therapy.; This 57 year old female presents with pain and weakness. Ms. Brown returns to the clinic today for follow up on pain and weakness. She continues taking Tecfidera which she thinks is helping. She has recently ran out of days with physical therapy but cont; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; June 2015; There has been treatment or conservative therapy.; This 57 year old female presents with pain and weakness. Ms. Brown returns to the clinic today for follow up on pain and weakness. She continues taking Tecfidera which she thinks is helping. She has recently ran out of days with physical therapy but cont; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; June 2015; There has been treatment or conservative therapy.; This 57 year old female presents with pain and weakness. Ms. Brown returns to the clinic today for follow up on pain and weakness. She continues taking Tecfidera which she thinks is helping. She has recently ran out of days with physical therapy but cont; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; June 2015; There has been treatment or conservative therapy.; This 57 year old female presents with pain and weakness. Ms. Brown returns to the clinic today for follow up on pain and weakness. She continues taking Tecfidera which she thinks is helping. She has recently ran out of days with physical therapy but cont; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; June 2015; There has been treatment or conservative therapy.; This 57 year old female presents with pain and weakness. Ms. Brown returns to the clinic today for follow up on pain and weakness. She continues taking Tecfidera which she thinks is helping. She has recently ran out of days with physical therapy but cont; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; June 2015; There has been treatment or conservative therapy.; This 57 year old female presents with pain and weakness. Ms. Brown returns to the clinic today for follow up on pain and weakness. She continues taking Tecfidera which she thinks is helping. She has recently ran out of days with physical therapy but cont; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; June 2015; There has been treatment or conservative therapy.;
Neurology Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, Infection or abscess; Abnormal brain MRI, HEADACHES, HIGH BLOOD PRESSURE, Description

Abnormal brain MRI (R90.89). Suspicious for MS, given the trigone area lesions, the others are not typical of MS. Will do MR brain with contrast only and MR C spine with and without. Will c; No, the patient does not have new or changing neurological signs or symptoms; yes, there are documented clinical findings of Multiple sclerosis.

1

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, Infection or abscess; Multiple sclerosis, ONE YEAR FOLLOW UP, ABNORMAL MRI; No, the patient does not have new or changing neurological signs or symptoms; yes, there are documented clinical findings of Multiple sclerosis.

1

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, Infection or abscess; Yes, the patient have new or changing neurological signs or symptoms; No, the patient is experiencing or presenting new symptoms of upper extremity weakness; Yes, the patient is demonstrating unilateral muscle wasting; yes, there are documented clinical findings of Multiple sclerosis.

1

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, Infection or abscess; Yes, the patient have new or changing neurological signs or symptoms; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

1

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

This is a request for cervical spine MRI; Neurological deficits; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness; No, the patient is not demonstrating unilateral muscle wasting; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

1

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness; Yes, the patient is demonstrating unilateral muscle wasting; yes, there are documented clinical findings of Multiple sclerosis.

20
This is a request for cervical spine MRI; Neurological deficits; Hyperreflexia; She is also having numbness in her right lateral thigh over the last half year, developed some shooting pains. 

Suspect this probably represents meralgia paresthetica though. We checked an EMG/NCV study today. The findings suggested an unde; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction; Yes, the patient is experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

This is a request for cervical spine MRI; Neurological deficits; Optic neuritis (H46.9); Right eye vision changes with pain, and a headache that is not typical of her previous migraines. This is suggestive of optic neuritis, although no optic nerve inflammation seen on the MRI. Keep in mind the MRI was done several ; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms; The patient does have new signs or symptoms of bladder or bowel dysfunction.

This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.  

This is a request for cervical spine MRI; Neurological deficits; None of the above; &lt;Enter Additional Clinical Information&gt; ; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting; ; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; ; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

This is a request for cervical spine MRI; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.

This is a request for cervical spine MRI; None of the above; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.  

This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.
This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, the patient had a recent course of supervised physical Therapy.

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.;

This is a request for cervical spine MRI; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; &Enter Additional Clinical Information&; No, there are no documented clinical findings of Multiple sclerosis.; No, there is not a laboratory or x-ray evidence of Meningitis.; No, there is not a laboratory or x-ray evidence of an infected disc, septic arthritis or “discitis”; No, there is no laboratory or x-ray evidence of a paraspinal abscess.

This is a request for cervical spine MRI; Trauma or recent injury; None of the above; Yes, the patient demonstrate neurological deficits.; Yes, there is a documented evidence of extremity weakness on physical examination.; Yes, the patient is experiencing new symptoms of upper extremity weakness.

This is a request for cervical spine MRI; Trauma or recent injury; 1. Neckpain &x0D; Additional information: PT 2 x per week for 6 wks. Feels as if helped initially but not anymore. &x0D; 2. Back pain &x0D; Additional information: PT 2 x per week for 6 wks. . Feels as if helped initially but not anymore. Assessment&x0D; Back pain du;

No, the patient does not have new or changing neurological signs or symptoms.

This is a request for cervical spine MRI; Trauma or recent injury; Neckpain &x0D; Pertinent negatives include bladder incontinence. Additional information: Related to MVA, had PT, Dr Diemel did occip injections. Questionable syrinx on C spine MR. Started on AMT, Gabapentin and Lyrica. Hands numb constantly and worse in; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; Yes, the patient is experiencing new onset of parathesia diagnosed by a neurologist.; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.
<table>
<thead>
<tr>
<th>Neurology Approval</th>
<th>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</th>
</tr>
</thead>
<tbody>
<tr>
<td>This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient has new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness. 2</td>
<td></td>
</tr>
<tr>
<td>Unknown; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Numbness and tingling with weakness to upper extremities.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture. 1</td>
<td></td>
</tr>
<tr>
<td>Unknown; This study is being ordered for a neurological disorder.; Unknown; It is not known if there has been any treatment or conservative therapy.; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1</td>
<td></td>
</tr>
<tr>
<td>We want to rule out the strong possibility of Multiple Sclerosis, which he has a family history of.; This study is being ordered for a neurological disorder.; Mr. Palph Kolen is now a 47 year old right handed male who has been referred to me for evaluation and management of syncopal episode, neck pain and numbness in hands and wrists. His aunt had MS and he is concerned he may have it. He has had 4 syncopal episodes, neck pain and numbness in hands and wrists. His aunt had MS and he is concerned he may have it. He has had 4 syncopal episodes over a 15 year period. He is usually standing when he had the episodes. He will begin to feel lightheaded and; Limiting exposure to excessive heat, avoiding lifting heavy objects, sitting or laying down when he becomes lightheaded; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1</td>
<td></td>
</tr>
<tr>
<td>Weakness and numbness in L upper extremity, physical therapy not helpful. &amp;X0D; Cardiac workup negative.&amp;X0D; Oncology workup negative.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in shoulder abduction and elbow extension. Mild reduction in internal rotation and external rotation. Numbness in the left lateral shoulder which goes down into the arm and into the hand. She has decreased ability to lift.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture. 1</td>
<td></td>
</tr>
<tr>
<td>WEAKNESS; This study is being ordered for a neurological disorder.; June 2017; It is not known if there has been any treatment or conservative therapy.; FASCICULATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1</td>
<td></td>
</tr>
</tbody>
</table>
WILL JUST UPLOAD NOTES; WE ALL KNOW AMBETTER + DOUBLE STUDY = AUTOMATIC REVIEW; This study is being ordered for a neurological disorder.; 11/30/2012; There has been treatment or conservative therapy.; WILL JUST UPLOAD NOTES; WE ALL KNOW AMBETTER + DOUBLE STUDY = AUTOMATIC REVIEW; WILL JUST UPLOAD NOTES; WE ALL KNOW AMBETTER + DOUBLE STUDY = AUTOMATIC REVIEW; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

WILL JUST UPLOAD NOTES.; AMBETTER + DOUBLE STUDY= AUTOMATIC REVIEW.; This study is being ordered for a neurological disorder.; 12/18/2015; There has been treatment or conservative therapy.; WILL JUST UPLOAD NOTES.; AMBETTER + DOUBLE STUDY= AUTOMATIC REVIEW.; WILL JUST UPLOAD NOTES.; AMBETTER + DOUBLE STUDY= AUTOMATIC REVIEW.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/2015; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; medication physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

He reports that he feels as though he has "lost muscle" since his last visit and feels that he is just not as strong as he used to be. He is noticing that he is not able to lift as much weight as he had in the past when working out. Has occasional twitch; After intial diagnosis received 3 days of IV solumedrol, started Copaxone in 2012 but was discontinued due to severe viral infections. He is currently not on treatment.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. 4

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Neurology Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Abnormal reflexes.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/14/2017; There has not been any treatment or conservative therapy.; Numness and weakness on the left side of the body and lower back pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

Neurology Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Evaluate Multiple Sclerosis; This study is being ordered for a neurological disorder.; June 2016; There has been treatment or conservative therapy.; numbness and skin disturbance, balance issues, history of Multiple Sclerosis; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

Neurology Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

Looking for new disc disease in the cervical or thoracic region; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; back pain, tingling both upper extremities, lower extremity numbness and tingling, history of cervical surgery, loss of balance; Treatment with Meloxicam, Tramadol and Soma; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1
The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The symptoms began 7 years ago. The symptoms are reported as being severe. The symptoms occur constantly. The location is occipital. Aggravating factors include exercising, moving a lot, getting heart rate up,. Relieving factors include pain meds alone. S; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.....

The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to Neurological deficits.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The areas of pain sound a lot like postherpetic neuralgia, but without ever any visual shingles ; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction. 8

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The symptoms began 7 years ago. The symptoms are reported as being severe. The symptoms occur constantly. The location is occipital. Aggravating factors include exercising, moving a lot, getting heart rate up,. Relieving factors include pain meds alone. S; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.....

The patient has not failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to Neurological deficits.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The areas of pain sound a lot like postherpetic neuralgia, but without ever any visual shingles ; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.
Neurology Approval
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
There are documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The caller indicated the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits.  

Neurology Approval
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.  

Neurology Approval
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.  

Neurology Approval
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.  

Neurology Approval
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing left lower extremity pain and weakness; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.  

Neurology Approval
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of bowel or bladder dysfunction.  

Neurology Approval
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.  

Neurology Approval
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to Neurological deficits.; The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.  

Neurology Approval
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
This study is being ordered for staging.; This is a request for a thoracic spine MRI.; The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; The study is being ordered due to known tumor with or without metastasis.  

Neurology Approval
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Unknown; This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Numbness Parethesia both legs, Gait Difficulty, and Osteoarthritis; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is recent evidence of a thoracic spine fracture.
unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

WILL JUST UPLOAD NOTES.; WE ALL KNOW AMBETTER + DOUBLE STUDY = AUTOMATIC REVIEW.; This study is being ordered for a neurological disorder.; 11/30/2012; There has been treatment or conservative therapy.; WILL JUST UPLOAD NOTES.&lt;#x0D;&gt; AMBETTER + DOUBLE STUDY = AUTOMATIC REVIEW.; WILL JUST UPLOAD NOTES.&lt;#x0D;&gt; AMBETTER + DOUBLE STUDY = AUTOMATIC REVIEW.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

WILL JUST UPLOAD NOTES.&lt;#x0D;&gt; AMBETTER + DOUBLE STUDY=AUTOMATIC REVIEW.; This study is being ordered for a neurological disorder.; 12/18/2015; There has been treatment or conservative therapy.; WILL JUST UPLOAD NOTES.&lt;#x0D;&gt; AMBETTER + DOUBLE STUDY=AUTOMATIC REVIEW.; WILL JUST UPLOAD NOTES.&lt;#x0D;&gt; AMBETTER + DOUBLE STUDY=AUTOMATIC REVIEW.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

&lt;It; Enter answer here - or Type In Unknown If No Info Given. &gt;&lt;#x0D;&gt; This study is being ordered for a neurological disorder.; October 2015; There has been treatment or conservative therapy.; &lt;#x0D;&gt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;&lt;#x0D;&gt; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms; There is weakness.; Patient is falling and has numbness/tingling in legs.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.
Neurology Approval
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

The patient does have new or changing neurologic signs or symptoms; There is weakness; The patient complains of low back pain. She complains that it will radiate down into her lower extremities. The frequency and severity seems to wax and wane. The patient has noticed if the weather changes the pain is worse. She has been seen in the past; The patient does not have a new foot drop; There is not x-ray evidence of a recent lumbar fracture.

Neurology Approval
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Neurology Approval
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

57-year-old gentleman with excessive daytime sleepiness. Start Provigil 100 mg daily for OSA not responsive to CPAP. He will keep OSA treatment for multilevel latency sleep test. MRI Lumbar spine to address worsening of left leg weakness, pain, and meralgia; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

Neurology Approval
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Abnormal reflexes.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/14/2017; There has not been any treatment or conservative therapy.; Numbness and weakness on the left side of the body and lower back pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Neurology Approval
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

anesthetic during seizure episode.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; two weeks ago; There has not been any treatment or conservative therapy.; paresthesia in left arm, confusion, seizure, (hour to recover); One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Neurology Approval
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Back and neck pain radiating into extremities.; This study is being ordered for a neurological disorder.; 07/21/2017; There has been treatment or conservative therapy.; Back and neck pain radiating into extremities.; Physical Therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Neurology Approval
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

History of testicular cancer. Patient with complaints of increase numbness and tingling in his upper and lower extremity. Numbness and paresthesias began after treatment chemotherapy for testicular cancer but also has underlying history of cervical lumbar; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Neurology Approval
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Ms. Jeannette Briggs evaluated by me for the management of headaches that have bothered her since 1994. She is in tears today with her Lt hip pain where she had her hip replacement. She is to see Dr. Massaneli the orthopedist in a few weeks. Her Norco is; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
No info given.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2016; There has been treatment or conservative therapy.; numbness in digits 4-5 in left hand, bilateral cramping positive tingling, sharp pain in feet toes and ankles, hyper active reflexes; Pt had nerve conduction study; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

suspected tethered cord; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; urinary retention; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

The current episode started more than 1 year ago. The problem occurs daily. The problem is unchanged. The pain is present in the thoracic spine. The quality of the pain is described as aching and stabbing. The pain does not radiate. The pain is at a sever; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for Neurologic deficits

The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.

The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has Symptoms or x-ray evidence of a recent fracture;

This procedure is being requested for Trauma or recent injury

The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection
| Neurology Approval | 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST | The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine. |
| Neurology Approval | 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST | The patient has a Neurological deficit(s) unknown; The patient has a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture. |
| Neurology Approval | 73221 MRI JOINT OF UPPER EXTREMITY | One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. |
| Neurology Approval | 73221 MRI JOINT OF UPPER EXTREMITY | The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion. |
| Neurology Approval | 73221 MRI JOINT OF UPPER EXTREMITY | This is a request for an upper extremity joint MRI.; The patient has documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of supervised physical therapy. |
| Neurology Approval | 73221 MRI JOINT OF UPPER EXTREMITY | This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus, pre-op or post-op evaluation, non-acute Chronic Pain, suspected tumor or Aseptic Necrosis; Instability |
| Neurology Approval | 73221 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT | This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion. |
| Neurology Approval | 73221 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT | This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion. |
| Neurology Approval | 73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT | This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion. |
This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; &gt; Enter Additional Clinical Information; &gt; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; "The patient has not had an abdominal ultrasound, CT, or MR study.;

Yes, this is a request for CT Angiography of the abdominal arteries.

This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.

Radiology Services Denied Not Medically Necessary

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.

Radiology Services Denied Not Medically Necessary

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Radiology Services Denied Not Medically Necessary
<table>
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<tr>
<th>Procedure</th>
<th>Code</th>
<th>Radiology Services</th>
<th>Approval Status</th>
<th>Reason for Denial</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT BRAIN, HEAD</td>
<td>70450</td>
<td>Not Medically Necessary</td>
<td>Disapproval</td>
<td>This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; Headache best describes the reason that I have requested this test.; This is NOT a Medicare member.</td>
</tr>
<tr>
<td>CT SINUS, FACE, JAW, MANDIBLE, MA XILLOFACIAL NO CONTRAST HEAD</td>
<td>70486</td>
<td>Not Medically Necessary</td>
<td>Disapproval</td>
<td>&lt;severe headache and dizziness episodes of vertigo chronic sinus and inflammation and suspected significant chronic sinusitis &gt;; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT</td>
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<td>CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST RAST</td>
<td>70496</td>
<td>Not Medically Necessary</td>
<td>Disapproval</td>
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<td>Disapproval</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; The study is being ordered for a neurological disorder.; 7/20/17; There has not been any treatment or conservative therapy.; Headache, double vision; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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Neurology Disapproval 70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Radiology Services Denied Not Medically Necessary
This study is being ordered for a neurological disorder.; 7/20/17; There has not been any treatment or conservative therapy.; Headache, double vision; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Neurology Disapproval 70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Radiology Services Denied Not Medically Necessary
; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Neurology Disapproval 70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Radiology Services Denied Not Medically Necessary
Radiation Oncology
59-year-old right-handed lady here for evaluation status post stroke in 2015. Most of the history is obtained from the patient as well as from chart review. She was evaluated by Dr. Vasuki Dandu MD neurology at the North Little Rock Baptist. Patient has; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Neurology Disapproval 70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
Radiology Services Denied Not Medically Necessary
Yes, this is a request for CT Angiography of the Neck.

Neurology Disapproval 70540 MRI ORBIT/FACE/NECK W/O DYE
Radiology Services Denied Not Medically Necessary
This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2012; There has been treatment or conservative therapy.; unknown; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Neurology Disapproval 7044 Mr angiography head w/o dye
Radiology Services Denied Not Medically Necessary
; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Neurology Disapproval 70544 Mr angiography head w/o dye
Radiology Services Denied Not Medically Necessary
63 year old right handed lady here for evaluation of headaches. Most of the history is obtained from the patient. Patient reports that she has been having this for a long time of unknown duration. Patient reports that she has headaches only during night wh; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Neurology Disapproval 70544 Mr angiography head w/o dye
Radiology Services Denied Not Medically Necessary
dizziness seizures; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA. MRI Brain was done without contrast. needing to do it with contrast. 50 Year old right handed male here for evaluation of memory loss and facial twitching. Most of the history is obtained from the patient. Patient reports that from past few months he was ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
Neurology  Disapproval  70544 Mr angiography head w/o dye  Radiology Services Denied  Not Medically Necessary
There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.
This is a chronic problem. The current episode started more than 1 year ago (again since 2013). The problem has been unchanged. The pain is located in the temporal and retro-orbital region. The pain does not radiate. The pain quality is similar to prior; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Neurology  Disapproval  70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST  Radiology Services Denied  Not Medically Necessary
This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; Requested for evaluation of Multiple Sclerosis; It is not known if the patient has undergone treatment for multiple sclerosis.; It is not known if the patient has undergone treatment for multiple sclerosis.; It is not known if there are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.; It is not known if there are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.

Neurology  Disapproval  70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST  Radiology Services Denied  Not Medically Necessary
This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache. &lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2012; There has been treatment or conservative therapy.; unknown; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Neurology  Disapproval  70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST  Radiology Services Denied  Not Medically Necessary
This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; This study is being ordered for a neurological disorder.; 05/2017; There has not been any treatment or conservative therapy.; He reports onset of symptoms around May or June of this year when he started noticing that he would have numbness of his lips, tongue, and the inside of his mouth periodically. This would last only a few seconds and resolve, but it was occurring on a very frequent basis.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Neurology  Disapproval  70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST  Radiology Services Denied  Not Medically Necessary
This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vertigo.; It is unknown why this study is being ordered.
<table>
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</tr>
</tbody>
</table>

1. The patient presents with a history of recurring headaches which she says she's had about 5 years. She denies any head injuries or any fevers or chills recently. She denies any dental problems her TMJ problems. She says her mother has chronic headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache. 63 year old right handed lady here for valuation of headaches. Most of the history is obtained from the patient. Patient reports that she has been having this for a long time of unknown duration. Patient reports that she has headaches only during night while; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

2. Chronic Headache; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

3. Complex partial epilepsy with secondary generalization with mild cognitive impairment; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

4. Dementia and Memory Loss becoming worse; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.

5. Epilepsy; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

6. Frequent headaches.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

7. Headache with vision changes; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.

8. Increased muscle weakness, cramping and muscle drawing.; This study is being ordered for a neurological disorder.; May, 2017; There has been treatment or conservative therapy.; Muscle weakness, right lower extremity drawing, pain/cramping, numbness and tingling; Tired Gabapentin, hydrocodone, Prednisone, and Tizanidine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

9. Migraine without aura; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

10. Migraines; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.
Neurology Disapproval

**70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST**

Radiology Services Denied

Not Medically Necessary

Ms. Renee Goggans has been evaluated by us for the management of headaches that have bothered her since age 28. There are various other complaints that have prompted me to consider multiple sclerosis and a possible reason for her current health situation; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. 1

Neurology Disapproval

**70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST**

Radiology Services Denied

Not Medically Necessary

none; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache. 1

Neurology Disapproval

**70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST**

Radiology Services Denied

Not Medically Necessary

Patient driving and blacked out Was confused when came to had a headache also; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vertigo.; It is unknown why this study is being ordered. patient was hit in the head with a 2x4 board 3 years ago.&#x0D; She is having memory loss and difficulty with remembering what she done the day before. Memory loss is progressing. Having some dizziness. She keeps on falling constantly. She gets dizzy feeling a; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms. 1

Neurology Disapproval

**70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST**

Radiology Services Denied

Not Medically Necessary

Pt having arm burning, problems with swallowing. She quit taking her Aubagio, but started back 5 days ago. Wants to know if there is something else she can take in addition to help with her symptoms. She took a steroid dose pack in the past with good resu; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms. 1

Neurology Disapproval

**70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST**

Radiology Services Denied

Not Medically Necessary

Short-term memory problems. Started experiencing for the past 6 months. Progressive getting worse. She is not managing her finances anymore. Because she is forgetting to pay bills. She drives. But does not lose her way. Recently she left water running in ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden change in mental status.; It is unknown why this study is being ordered. 1
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The patient is a 63 year old woman who has an unusual story. On Monday, 09/25/17 she went out to the garden with her husband to pick okra. She put on garden gloves. This was about 7:30 at night. When she came back she thought she was maybe bitten on her left arm; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

The pt had a head injury in 2010 with ct scan showing no acute changes. The pt is using new beginnings- for management of her depression and trauma. Pt has a diagnosis of somatization disorder. Patient has a headache 29 out of 30 days a month with 10 days. This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

This is a chronic problem. The current episode started more than 1 year ago (again since 2013). The problem has been unchanged. The pain is located in the temporal and retro-orbital region. The pain does not radiate. The pain quality is similar to prior headaches. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.
UNKNOWN; This study is being ordered for a neurological disorder.; Neurological: Positive for speech difficulty, light-headedness and headaches after a lengthy discussion regarding her symptoms it sounds like she has a variant of ophthalmologic migraine disorder. I think she needs to see a neurologist and she agrees. She; There has been treatment or conservative therapy.; HEADACHES;&x26;#x200B; VISION BLurring; NSAIDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

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1
This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms; There is no weakness or reflex abnormality; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if there is x-ray evidence of a recent cervical spine fracture.

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms; There is no weakness or reflex abnormality; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms; There is weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness; weakness in bilateral upper extremities; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms; There is weakness.; Neck pain with new symptoms of numbness and tingling of face and arms with weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms; There is weakness.; Neck pain with new symptoms of numbness and tingling of face and arms with weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

39-year-old gentleman presents with complicated history. He has seen 3 different pulmonologists, a cardiologist, a gastroenterologist, a neurologist, a muscle and nerve neurologist, a urologist and to pain physicians. He has not been normal for 4 years.; This is a request for cervical spine MRI; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; There is not laboratory or x-ray evidence of meningitis.; There is not laboratory or x-ray evidence of a paraspinal abscess.; There is not laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".

49-year-old with cervical radiculopathy. Will again attempt to get MRI cervical spine approved to rule out causes of neck pain with radiating pains into his right shoulder and arm. Increase gabapentin to 600 mg TID, although previously struggled with a/f; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms; There is weakness; 49-year-old gentlemen returns to clinic today. He is struggling with continued cervical pain with symptoms radiating into his right shoulder and arm. His right arm will go numb if he holds his phone too long. Continues gabapentin 600/300/600 mg. Previo; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.
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<th>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</th>
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Called patient and informed her that due to her new/worsening symptoms we would like to get a repeat MRI of the brain and cervical spine. Patient stated understanding. Placed orders for tests and Krystal stated she would get the patient set up and scheduled.

This is a request for cervical spine MRI; There is no laboratory or x-ray evidence of osteomyelitis. Known or Suspected Multiple Sclerosis, Infection or abscess; There is not laboratory or x-ray evidence of meningitis. It is not known if there is laboratory or x-ray evidence of a paraspinal abscess. It is not known if there is laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".

It is not known if the patient has failed a course of anti-inflammatory medication or steroids. This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks. Acute or Chronic neck and/or back pain; Yes, the patient demonstrates neurological deficits. No, there is not a documented evidence of extremity weakness on physical examination. No, there is no evidence of recent development of unilateral muscle wasting. It is not known if this patient has a recent course of supervised physical therapy. It is not known if the patient had six weeks of Chiropractic care related to this episode.

mostly bitemporal and the neck. Sharp, dull aching. Constant pain. 7/10 in intensity. Aggravated by prolonged walking, sitting, talking. No particular relieving factors. She takes hydrocodone for arthritis. She has been on that since 2004. She never tried Ph; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; ?2000 after an MVA and it has gotten worse; There has been treatment or conservative therapy; having some memory loss long term and short term loss. While driving she forgets where she is going. hx: DM, HTN, Rheumatoid arthritis, &amp; x; Neck pain causing headaches headaches, falls. &amp; x; She fell 4-5 times in the last 1 year. No particular reason. She feels v; pain medication only since 2004; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Motor Exam: Upper Limbs: normal tone and muscle bulk and full strength; Finger tapping decreased on right. &amp; x; Rest tremors In the right upper extremity. &amp; x; Cogwheel rigidity on the right. Lower Limbs: full strength and normal muscle bulk; Foot tapping reduced; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms; There is weakness. He has had 3 falls in the last month. No loss of consciousness. Lost control of the body and fell down. He is back up on his feet and few seconds. In the last 1 month he has been experiencing weird sensation in the head like "nicotine high ". No family hi; The patient does not have new signs or symptoms of bladder or bowel dysfunction. No x-ray evidence of a recent cervical spine fracture.
MRI of the brain to make sure there is no intracranial cause for headache; MRI of the cervical spine to insure there is no disc disease as a cause for her symptoms; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; March, 2017; There has been treatment or conservative therapy.; Daily headaches begin in the occipital area and radiate anteriorly; nausea; phonophobia; Patient has tried Fiorcet without benefit. Has had some benefit from BC Powder but requires taking several times per day; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Ms. Renee Goggans has been evaluated by us for the management of headaches that have bothered her since age 28. There are various other complaints that have prompted me to consider multiple sclerosis and a possible reason for her current health situation.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

none; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

patient having numbness and tingling in BLE as well as tightness/heavy feeling in head. Pt also has a feeling of claustrophobia along with symptoms.; This is a request for cervical spine MRI; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess; There is not laboratory or x-ray evidence of meningitis.; There is not laboratory or x-ray evidence of a paraspinal abscess.; There is not laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".

PATIENT IS HAVING RADIATION INTO BOTH SHOULDERS THAT IS BECOMING INCREASINGLY MORE SEVERE.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.; PHYSICAL EXAM SHOWS SPASMS IN THE CERVICAL REGION.

Patient reports numbness in upper and lower extremities, needs MRI of Thoracic Spine and Cervical Spine to evaluate for Transverse Myelitis.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

reason for visit- migraines no primary diagnosis found. symptoms start with eye twitches and then has unilateral pain behind eye, varies with side. associated symptoms include nausea, photophobic, phonophobic, neck pain . Patient has tried Elavil without ; This is a request for cervical spine MRI; None of the above; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.

The current Episode started more than 1 month ago. The problem occurs constantly. The problem has been unchanged. Associated symptoms include neck pain, numbness and weakness. Associated symptoms comments: Tingling Pain The symptoms are aggravated by str; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
The patient is a 63 year old woman who has an unusual story. On Monday, 09/25/17 she went out to the garden with her husband to pick okra. She put on garden gloves. This was about 7:30 at night. When she came back she thought she was maybe bitten on her leg. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

1. This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, Infection or abscess; No, the patient does not have new or changing neurological signs or symptoms; yes, there are documented clinical findings of Multiple sclerosis.

3. This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.

1. This is a request for cervical spine MRI; None of the above; 31 year old right handed lady for evaluation of loss of awareness. Most of the history is obtained from the patient as well as her mother who was present who was the firsthand witness. Patient has been having episodes of nausea, Vomiting with extreme lightheadedness, facial and extremity numbness.

1. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits; yes, there is a documented evidence of extremity weakness on physical examination.

1. This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

1. This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

1. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient does not demonstrate neurological deficits; also having numbness, facial and extremity numbness.
This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; 54 year old woman with a confusional spell. TIA is possible. Complex partial seizure is less likely. The associated urinary urgency is an uncommon symptom for either of these. Her MRI and EEG look good. Her tremor is a new complaint but she reports it has 1

Neurology Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary This is a request for cervical spine MRI; There is laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Multiple Sclerosis, Infection or abscess on a bone scan or x-ray.; Suspected Tumor with or without Metastasis; M5gs: severe L neck pain.4.2 Neck pain on left side,\&x0D; CAROTID ARTERY ULTRASOUND:IMPRESSION\&x0D; Normal carotid ultrasound. No hemodynamically significant stenosis of the carotid vasculature PROCEDURE(S): XR C SPINE 2-3

Neurology Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary V,\&x0D; &\&x0D; &\&x0D; Findings:&\&x0D; Frontal, lateral, an to evaluate the pain in the patient neck and lower back and compare with a MRI done in 2015; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Neurology Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary UNKNOWN; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; PHYSICAL EXAM REVEALED A BROAD BASED GAIT WITH LIMP SUPINE WITHOUT MENINGEAL SIGNS. SPASMS IN THE NECK, TRIGGER POINTS NOTED IN THE CERVICAL SPINE REGION; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Neurology Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary UNKNOWN; This study is being ordered for a neurological disorder.; Neurological: Positive for speech difficulty, light-headedness and headaches after a lengthy discussion regarding her symptoms it sounds like she has a variant of ophthalmologic migraine disorder. I think she needs to see a neurologist and she agrees. She; There has been treatment or conservative therapy.; HEADACHES&\&x0D; VISION BLURRING; NSAIDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Neurology Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary UNKNOWN; This study is being ordered for a neurological disorder.; Unknown; There has been treatment or conservative therapy.; Severe, worsening headaches with pressure. Chronically on a near daily basis. Associated with neck pain that radiates with spasm and component of anxiety. Radiation of pain into shoulders. Headaches are chronic, intractable, but without status type headac; Medication therapy with Zanaflex for months, Imitrex for months; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
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<td>Not Medically Necessary</td>
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UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; UNKNOWN; There has been treatment or conservative therapy.; RADIATING PAIN IN NECK TO HANDS. NUMBNESS AND TINGLING. WORSENING HEADACHES ASSOCIATED WITH CONFUSION AND GARBLED SPEECH PER DR REPORT.; MEDICATION THERAPY; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

WORSENING THORACIC SPINE PAIN. SUBSTANTIVE LOW BACK PAIN WHILE SITTING OR STANDING FOR BRIEF PERIODS OF TIME. WORSENING THROBBING AND SPASMS IN THE CERVICAL SPINE. COMPONENT OF FATIGABLE WEAKNESS. RADIATING NECK/MID BACK PAIN; This study is being ordered for a neurological disorder.; 12/02/2011; There has been treatment or conservative therapy.; WORSENING THORACIC SPINE PAIN. SUBSTANTIVE LOW BACK PAIN WHILE SITTING OR STANDING FOR BRIEF PERIODS OF TIME. WORSENING THROBBING AND SPASMS IN THE CERVICAL SPINE. COMPONENT OF FATIGABLE WEAKNESS. RADIATING NECK/MID BACK PAIN; MEDICATION THERAPY FOR SPASMS IN BACK; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

There are no documented clinical findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits.; Patient with MS with new thoracic numbness with recent brain activity

AMBIETTER + DOUBLE STUDY= AUTOMATIC REVIEW. WILL JUST SEND NOTES.; This study is being ordered for a neurological disorder.; 07/2017; There has been treatment or conservative therapy.; AMBIETTER + DOUBLE STUDY= AUTOMATIC REVIEW. WILL JUST SEND NOTES.; PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Low bilateral midline stabbing pain that radiates to lower sciatica nerve; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2000; There has been treatment or conservative therapy.; Left leg numbness; increased trouble with bladder; worsened back pain; trouble walking; Medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
No info given.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2016; There has been treatment or conservative therapy.; numbness in digits 4-5 in left hand, bilateral cramping positive tingling, sharp pain in feet and ankles, hyper active reflexes; Pt had nerve conduction study; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Patient reports numbness in upper and lower extremities, needs MRI of Thoracic Spine and Cervical Spine to evaluate for Transverse Myelitis.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.

This is a request for a thoracic spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.

This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of abnormal gait.

This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.

WORSENING THORACIC SPINE PAIN. SUBSTANTIVE LOW BACK PAIN WHILE SITTING OR STANDING FOR BRIEF PERIODS OF TIME. WORSENING THROBBING AND SPASMS IN THE CERVICAL SPINE. COMPONENT OF FATIGABLE WEAKNESS. RADIATING NECK/MID BACK PAIN; This study is being ordered for a neurological disorder.; 12/02/2011; There has been treatment or conservative therapy.; WORSENING THORACIC SPINE PAIN. SUBSTANTIVE LOW BACK PAIN WHILE SITTING OR STANDING FOR BRIEF PERIODS OF TIME. WORSENING THROBBING AND SPASMS IN THE CERVICAL SPINE. COMPONENT OF FATIGABLE WEAKNESS. RADIATING NECK/MID BACK PAIN; MEDICATION THERAPY FOR SPASMS IN BACK; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
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<tr>
<th>Procedure Details</th>
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<tr>
<td>MRI Lumbar Spine or Low Back Without Contrast</td>
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<td>Neurological disorder, tingling, paresthesia, numbness, back pain numbness, pain, tingling, pt and home exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>Neurological disorder, tingling, paresthesia, numbness, back pain numbness, pain, tingling, pt and home exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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<td>Back pain with numbness and tingling in her feet; The study requested is a Lumbar Spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms; There is no weakness or reflex abnormality; The patient does not have new signs or symptoms of bladder or bowel dysfunction; The patient does not have a new foot drop; There is not x-ray evidence of a recent lumbar fracture.</td>
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<td>Mrs. Pamela Brown is now a 52 year-old right handed Caucasian female who has been to me for evaluation and management of severe pain in her with burning sensation, tingling, numbness that has started in 8-9 months. The pain is worse on the rt foot with tr; The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain; The patient has none of the above muscle twitching; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms; There is no weakness or reflex abnormality; The patient does not have new signs or symptoms of bladder or bowel dysfunction; The patient does not have a new foot drop; There is not x-ray evidence of a recent lumbar fracture.</td>
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<td>The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks; The patient has seen the doctor more than once for these symptoms; The physician has directed conservative treatment for the past 6 weeks; Pt had PT, medications, getting worse; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms; There is weakness; Pt has weakness in legs, and difficulty walking; The patient does not have new signs or symptoms of bladder or bowel dysfunction; The patient does not have a new foot drop; There is not x-ray evidence of a recent lumbar fracture.</td>
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<td>The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain; The patient has completed 6 weeks of physical therapy; The study requested is a Lumbar Spine MRI; The patient has acute or chronic back pain; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection</td>
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Note: The decision to deny or approve these procedures is based on medical necessity and adherence to the guidelines set by the aforementioned specialties.
Neurology Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary to evaluate the pain in the patient neck and lower back and compare with a MRI done in 2015; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. Unknown; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Unknown; Gabapentin; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.1

Neurology Disapproval 72192 CT PELVIS WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.1

Neurology Disapproval 72196 MRI PELVIS Radiology Services Denied Not Medically Necessary WILL JUST UPLOAD NOTES. AMBETTER GOES TO REVIEW ANYWAY.; This is a request for a Pelvis MRI.; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect1

Neurology Disapproval 73221 MRI JOINT OF UPPER EXTREMITY Radiology Services Denied Not Medically Necessary denervation edema of shoulder muscles can be better evaluated by MRI Left Shoulder®&039;d &®&039;d; &®&039;d; concern for left brachial neuritis; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has not been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks. Ms. Jeannette Briggs evaluated by me for the management of headaches that have bothered her since 1994. She is in tears today with her Lt hip pain where she had her hip replacement. She is to see Dr. Massanelli the orthopedist in a few weeks. Her Norco is ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.1

Neurology Disapproval 73221 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT Radiology Services Denied Not Medically Necessary The study revealed a focus of abnormal radiotracer uptake about the left aspect of the urinary bladder. This may represent a bladder diverticulum and either a bladder ultrasound or CT abdomen/pelvis with delayed phase imaging were recommended for further.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT1

Neurology Disapproval 74150 CT ABDOMEN WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary he study revealed a focus of abnormal radiotracer uptake about the left aspect of the urinary bladder. This may represent a bladder diverticulum and either a bladder ultrasound or CT abdomen/pelvis with delayed phase imaging were recommended for further.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT1

Neurology Disapproval 74176 CT ABD & PELVIS W/O CONTRAST Radiology Services Denied Not Medically Necessary

Neurology Disapproval 78608 BRAIN PET [POSITRON EMISSION TOMOGRAPHY] Radiology Services Denied Not Medically Necessary This is a request for a Metabolic Brain PET scan; This study is being ordered for dementia.2
considerable cognitive early onset signs of Alzh Dz in the center of emotions.; This is a request for a Metabolic Brain PET scan; This study is being ordered for Alzheimer's disease.

Neurology Disapproval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY Radiology Services Denied Not Medically Necessary

This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.

Neurology Disapproval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY Radiology Services Denied Not Medically Necessary

This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.

Neurology Disapproval 93350 ECHO TTHRC R-T 2D →M-MODE COMPLETE REST&STRS Radiology Services Denied Not Medically Necessary

This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease. 1

Neurology Disapproval 93350 ECHO TTHRC R-T 2D →M-MODE COMPLETE REST&STRS Radiology Services Denied Not Medically Necessary

This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease

OB/Gynecology Approval 70544 Mr angiography head w/o dye

There is an immediate family history of aneurysm.; This is a request for a Brain MRA; Elevated prolactin, amenorrhea; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.

OB/Gynecology Approval 70551 MRI HEAD, BRAINSTEM WITHOUT CONTRAST

Pt presented with amenorrhea, hot flashes and night sweats. Her FSH and LH were found to be WNL, however, her Estrogen level is abnormally low. Additional lab work including Thyroid panel, Hemoglobin A1C and Prolactin has been ordered, however, results ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.
Severe headache x 1 month. Was a sudden onset. 20 wks pregnant; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache [less than 1 week] not improved by pain medications.; The tumor is a pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values indicating abnormal pituitary hormone levels.; This is NOT a Medicare member.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor. 

Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT

Chest pain describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT CT imaging surveillance.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
new onset abdominal tenderness and pain; history of endometrial cancer; Malignant neoplasm of endometrium; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

‘None of the above’ describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT.

Reassessment of poorly differentiated carcinoma of the endometrium; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

stage 3b primary peritoneal low grade psammocarcinoma; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has had 6 weeks of completed conservative care in the past 3 months or had a spine injection.

This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.

Patient is non-compliant on follow up of a 8.7cm pelvic mass seen on CT one year ago. Patient refuses pelvic exam related to ptsd.; This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; It is not known if there documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT.
STATUS POST TAH 6 WKS AGO WITH URGENCY, INCONTINENCE AND PELVIC PAIN AND PRESSURE. PELVIC US SHOWED LOCULATED FLUID COLLECTION ABOVE BLADDER. PELVIC CT SHOWED FLUID COLLECTION ADJACENT TO THE VAGINAL CUFF WORRISOME FOR ABSCESS OR INFECTED SEROMA. CLOSE; This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT

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Pregnancy complicated by: Previous c/s X 3 w/ concern for morbidly adherent placenta. 07/31/2017: There has not been any treatment or conservative therapy.; MORBIDLY ADHERENT PLACENTA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

OB/Gynecology Approval 72196 MRI PELVIS

There have been plans on doing surgery; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

OB/Gynecology Approval 72196 MRI PELVIS

This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.

OB/Gynecology Approval 72196 MRI PELVIS

This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?

OB/Gynecology Approval 73221 MRI JOINT OF UPPER EXTREMITY

This is a request for a lower extremity MRI.; This is not a pulsatile mass.; There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI.; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.

Patient has multiple bilateral ovarian cyst on ultrasound 11/16/2017. She is complaining of lower back pain with rectal pain. She is having irregular periods with unwanted hair growth around nipples, back, chin, and neck that requires shaving and plucking; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &Rx0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &Rx0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT.

OB/Gynecology Approval 74150 CT ABDOMEN WITHOUT CONTRAST

This is a request for a Diagnostic CT.

OB/Gynecology Approval 74150 CT ABDOMEN WITHOUT CONTRAST

This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post-op evaluation.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Yes this is a request for a Diagnostic CT.

This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT.

OB/Gynecology Approval 74150 CT ABDOMEN WITHOUT CONTRAST

This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Yes this is a request for a Diagnostic CT.

OB/Gynecology Approval 74176 CT ABDOMEN & PELVIS W/O CONTRAST

This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.;
This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.

9/25/17 ultrasound done.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

New onset abdominal tenderness and pain; history of endometrial cancer; Malignant neoplasm of endometrium; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Reassessement of poorly differentiated carcinoma of the endometrium; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Stage 3b primary peritoneal lowgrade psammocarcinoma; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Thickened endometrium, right ovary is not well defined, complex cystic mass occupying left adnexal region. Transvaginal ultrasound has been performed and further evaluation will be accomplished with CT.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT
This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.;

This is a request for an abdomen-pelvis CT combination.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; RIGHT LOWER ABDOMINAL PAIN IS SEVERE AND CONSTANT; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT
This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.;

This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The requested studies are being ordered for known or suspected blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; Vascular disease; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operotive evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Other; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; &lt;Enter Additional Clinical Information&gt;; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; 6month ct because vaginal pap smears are abnormal; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Dense pelvic adhesions, bowel obstructions, family history pancreatic cancer; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; pain; Yes this is a request for a Diagnostic CT
This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; patient had rt lower quad pain for 3 months with diarrhea and constipation, abdominal bloating and upper abdominal pain. US was done with not determination.; Yes this is a request for a Diagnostic CT  

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; pelvic pain female; Yes this is a request for a Diagnostic CT  

This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT  

This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT  

This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; inguinal mass; Yes this is a request for a Diagnostic CT  

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT  

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT  

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT  

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT  

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT
This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; It is unknown if the patient have an endoscopy.; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
pelvic mass measuring 22 m and abdominal blotting; This study is being ordered for a metastatic disease.; There are 2 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Pregnancy complicated by:
1. Previous c/s X 3 w/ concern for morbidly adherent placenta
   - US 9/22: Anterior placenta previa with suspected morbidly adherent placenta. Significant hypervascularization at the bladder uterine interface. No TV US performed; This study is being ordered for Congenital Anomaly.; 07/31/2017; There has not been any treatment or conservative therapy.; MORBIDLY ADHERENT PLACENTA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This is a request for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study.";

This is a request for a Fetal MRI.; An ultrasound of the mother been completed.; Abdominal, retroperitoneal or pelvis abnormalities has been identified or remains uncertain after an ultrasound.

This is a request for a heart or cardiac MRI.

This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).

This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).

This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.
Abnormal mammogram; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.

Her mother has a history of breast cancer. The patient has a Lifetime Risk of 22.5%. A breast MRI screening is recommended.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).

inconclusive mammogram; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; It is not known if this patient have axillary node adenocarcinoma.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).

Lifetime Risk=31.8% &nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;Sister diagnosed with breast cancer at age 47.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).

Mammographic microcalcification found on diagnostic imaging of breast; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.

Patient has a Lifetime Risk of 27.8% using the Tyrer Cuzick Risk Assessment model. Her mother was diagnosed with breast cancer at age 56. She had a screening mammogram 4/7/17 which was normal. It is recommended she have a screening MRI between mammograms; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).

Previous MRI showed an area of non-mass enhancement. Biopsy was performed. Path report was negative for malignancy. Patient needs 6 month follow up.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.

PT HAS A CALCULATED LIFETIME RISK OF 26.6% OF DEVELOPING BREAST CANCER.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).
PT HAS A PALPABLE LUMP WITH A NEGATIVE MAMMO AND ULTRASOUND.; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; No, there are no anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.

PT has multiple findings in bilateral breast. mri is requested for biopsy planning. pt has family hx of breast cancer in maternal grandmother at age 30 and pt's mother is BRCA positive.; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.

PT IS CONSIDERED HIGH RISK BECAUSE PT'S MOTHER HAS HAD BREAST CANCER TWICE AS WELL AS PT'S MATERNAL GRANDMOTHER HAD BREAST CANCER. PT'S CALCULATED LIFETIME RISK IS 33%; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).

R/O BREAST ENLARGEMENT AND PAIN ON THE LEFT SIDE; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.

She was also diagnosed with a pituitary adenoma. She has a paternal aunt with a history of breast and ovarian cancer.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.

The patient has a Lifetime Risk of 30.5% using the Tyrer Cuzick Risk Assessment. There is history of breast cancer in her mother and aunt. It is recommended to alternate annual MRI's with mammograms for screening.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).

She was also diagnosed with a pituitary adenoma. She has a paternal aunt with a history of breast and ovarian cancer.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.

The patient is at high risk for breast cancer, and the radiologist is recommending she have a breast MRI to screen for breast cancer.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).
This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20. 4

This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; Yes, the patient have a known mutation such as BRCA1, BRCA2, PTEN or TP53.; It is unknown if the patient has a lifetime risk score of greater than 20. 1

This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children). 2

This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children). 8

This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient’s further management. 4

This is a request for Breast MRI.; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; Yes, there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk. 1

This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk. 2

This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, this is a confirmed breast cancer.; This request is for initial evaluation of a murmur.; This request is for initial evaluation of a murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease. 1 0.44 [H];;

Hormonal issues, night sweats; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures. 1

r/o pituitary tumor; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache. 1
Chest pain describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT.; CT imaging surveillance.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

It; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain.; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Checking for microcalcifications due to decreased T score in L1 through L4.; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above.

post op pain. per caller pt had hysterectomy 8/16/2017; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT.

This is a request for CT Angiography of the Abdomen and Pelvis.
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<tr>
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<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
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This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

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This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

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This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; &lt;Enter Additional Clinical Information&gt; Yes this is a request for a Diagnostic CT

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This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; &lt;Enter Additional Clinical Information&gt; Yes this is a request for a Diagnostic CT

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This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abdominal pain, constipation, delay of passing urine; Yes this is a request for a Diagnostic CT

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This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT

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This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT

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This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; It is unknown if the patient had an Ultrasound.; Yes this is a request for a Diagnostic CT

1
<p>| OB/Gynecology | Disapproval 74176 CT ABD &amp; PELVIS W/O CONTRAST | Radiology Services Denied Not Medically Necessary | This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT. |
| OB/Gynecology | Disapproval 74176 CT ABD &amp; PELVIS W/O CONTRAST | Radiology Services Denied Not Medically Necessary | This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT. |
| OB/Gynecology | Disapproval 74176 CT ABD &amp; PELVIS W/O CONTRAST | Radiology Services Denied Not Medically Necessary | Unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT. |
| OB/Gynecology | Disapproval 77058 MRI breast,without and/or with contrast material(s);unilateral | Radiology Services Denied Not Medically Necessary | This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast. |
| OB/Gynecology | Disapproval 78813 PET IMAGING WHOLE BODY | Radiology Services Denied Not Medically Necessary | This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown. |
| OB/Gynecology | Disapproval 93307 TTHRC R-T IMG 2D +M-MODE REC COMPL | Radiology Services Denied Not Medically Necessary | This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease? |
| Obstetrics &amp; Gynecology | Approval 72196 MRI PELVIS | Radiology Services Denied Not Medically Necessary | This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Other; Yes this is a request for a Diagnostic CT. |
| Obstetrics &amp; Gynecology | Approval 74176 CT ABD &amp; PELVIS W/O CONTRAST | Radiology Services Denied Not Medically Necessary | This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT. |
| Obstetrics &amp; Gynecology | Disapproval 74176 CT ABD &amp; PELVIS W/O CONTRAST | Radiology Services Denied Not Medically Necessary | &lt;Enter answer here - or Type in Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; There has not been any treatment or conservative therapy.; Pain, Stiffness, Decreased ROM; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology. |
| Occupational Medicine | Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST | Radiology Services Denied Not Medically Necessary | This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member. |
| Obstetrics &amp; Gynecology | Disapproval 72196 MRI PELVIS | Radiology Services Denied Not Medically Necessary | This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of unexplained weight loss of greater than 10% body weight in 1 month; Other; Yes this is a request for a Diagnostic CT. |</p>
<table>
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<tr>
<th>Code</th>
<th>Description</th>
<th>Reason for Approval or Disapproval</th>
<th>Medical Necessity</th>
</tr>
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<tbody>
<tr>
<td>72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>Occupational Medicine Disapproval</td>
<td>Not Medically Necessary</td>
</tr>
<tr>
<td>72148 MRI LUMBAR SPINE OR LOW BACK SPINE UPPER BACK WITHOUT CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>Occupational Medicine Disapproval</td>
<td>Not Medically Necessary</td>
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<tr>
<td>70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST</td>
<td></td>
<td>Oncology Approval</td>
<td>Unknown</td>
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<tr>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
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<td>71250 CT CHEST, THORAX</td>
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*This study is being ordered for something other than: known trauma or injury, metastatic disease, neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; Unknown; There has not been any treatment or conservative therapy; Pain, Stiffness, Decreased ROM; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.*
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<th>Oncology Approval</th>
<th>71250 CT CHEST, THORAX</th>
</tr>
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<tbody>
<tr>
<td>Pt is undergoing chemotherapy for rectal cancer. This CT is required to evaluate the patient's response to the treatment; This study is being ordered for a metastatic disease.</td>
<td>Rectal cancer treatment planning; This study is being ordered for a metastatic disease.; There are 2 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<tr>
<td>There are 3 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Oncology</td>
<td></td>
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</tbody>
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</thead>
<tbody>
<tr>
<td>Rectal cancer treatment planning; This study is being ordered for a metastatic disease.; There are 2 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<tr>
<td>Rectal cancer treatment planning; This study is being ordered for a metastatic disease.; There are 2 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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&lt;Enter answer here - or Type In Unknown If No Info Given.&gt; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/10/17; There has not been any treatment or conservative therapy.; &lt;Describe primary symptoms here - or Type In Unknown If No Info Given &gt; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Patient has a history of thyroid issues; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt;Enter date of initial onset here - or Type In Unknown If No Info Given &gt; It is not known if there has been any treatment or conservative therapy.; &lt;Describe primary symptoms here - or Type In Unknown If No Info Given &gt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Patient is complaining of blur x one to two months.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT Severe Stenoid Sinusitis and diabetic with new right 6 nerve palsey; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT

This study is being ordered for follow-up to trauma.; This study is being ordered for a metastatic disease.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for neck soft tissue CT.; It is unknown if there has been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; It is unknown if there is a suspicion of an infection or abscess.; It is unknown if this is being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT

Yes, this is a request for CT Angiography of the brain.

Yes, this is a request for CT Angiography of the brain.
This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for a neurological disorder.; 3 wks ago; There has not been any treatment or conservative therapy.; macular edema in right eye, optic nerve head swelling in both eyes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/12/2017; There has not been any treatment or conservative therapy.; visual loss, sudden; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; mva almost exactly two years ago; There has not been any treatment or conservative therapy.; vision loss in the left eye, and pain when turning the eye in any motion; Describe primary symptoms here - or Type In Unknown If No Info Given.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/30/2017; There has been treatment or conservative therapy.; vision loss, sudden; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/30/2017; There has been treatment or conservative therapy.; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Assessment
Unspecified chronic inflammatory disorders of orbit (H05.10); This study is being ordered for Inflammatory/ Infectious Disease.; Unspecified chronic inflammatory disorders of orbit: H05.10.; OS: Discussed diagnosis in detail with patient. unlikely Optic neuritis due to completely normal exam (including color vision being 16/16 correct), most likely orbital inflammation, possibly po; There has been treatment or conservative therapy.; The patient is a 20 year old W woman with complaint of severe pain with left eye movements. When patient looks up, down, or to the side (especially looking right) she has a sharp shooting pain in her temple and a deep ache behind her left eye. There is no; Naproxen 500 mg PO BID and if no improvement in symptoms then may need some oral steroids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

FOLLOW UP OF PAPILLEDEMA; This study is being ordered for Congenital Anomaly.; 5 YEARS OLD; There has been treatment or conservative therapy.; PAPILLEDEMA WITH SHUNT FAILURE S/P REVISION OF SHUNT, BILATERAL CRANIAL 4 NERVE PALSY; LUMBOPERITONEAL SHUNT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

History of tumor; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

MILD EARLY ADEMA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/13/2017; There has not been any treatment or conservative therapy.; EYE PAIN UPON MOVEMENT, VISION LOSS IN THE LEFT EYE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ongoing; It is not known if there has been any treatment or conservative therapy.; The Pt has vision loss, monovula esotropia of left eye. Pt has strabismus in bilateral eyes. Pt has history of vision issues since childhood.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
patient complains of left sided head pain near eye with pressure sensation. visual field testing shows minor abnormalities. testing in office indicates imaging studies as next step; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Prior history of cataract surgery in the left eye, but did not show visual improvement. We are concerned with the history of prostate cancer because it can spread to the brain.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

There is a suspicion of an infection or abscess.; This is a request for an Orbit MRI.; It is unknown if there is a history of orbit or face trauma or injury. There is not a suspicion of a bone infection (osteomyelitis); There is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.

This is a request for an Orbit MRI.; There is a history of orbit or face trauma or injury. unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/14/2017; There has not been any treatment or conservative therapy.; headaches, trying to rule out ms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for a neurological disorder.; 10/15/17; There has not been any treatment or conservative therapy.; vision loss, black outs after headache, visual disturbance.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Pt suffers from headaches, blacking out and sudden onset of pain; One of the studies being ordered is a Brain MRA.

There is a family history of aneurysm.

The patient has a chronic or recurring headache. Not requested for evaluation of a headache. The headache is not associated with aneurysm, infection, inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

The patient has a chronic or recurring headache. Not requested for evaluation of a headache. The headache is described as chronic or recurring; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).
This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for a neurological disorder.; 10/15/17; There has not been any treatment or conservative therapy.; vision loss, black outs after headache, visual disturbance.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for a neurological disorder.; 3 wks ago; There has not been any treatment or conservative therapy.; macular edema in right eye, optic nerve head swelling in both eyes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/12/2017; There has not been any treatment or conservative therapy.; MBR has esotropia getting worse and has trouble driving vision is blurry; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/30/2017; There has been treatment or conservative therapy.; vision loss in the left eye, and pain when turning the eye in any motion; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; mva almost exactly two years ago; There has not been any treatment or conservative therapy.; &lt;Describe primary symptoms here - or Type In Unknown If No Info Given.>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; mva almost exactly two years ago; There has not been any treatment or conservative therapy.; &lt;Describe primary symptoms here - or Type In Unknown If No Info Given.>; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Double vision in both eyes, went to ER Tuesday evening, headache begin with onset of diplopia headache was hurting form left back of head to left eye with vertical separation of images and having headache and nausea due to this issue; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

headaches eye pain and brain tumor in the family; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

A typical case as obvious drusen but adima extent beyond disk margin in quite pronounce over disk head with translucency.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

FOLLOW UP OF PAPILLEDEMA; This study is being ordered for Congenital Anomaly.; 5 YEARS OLD; There has been treatment or conservative therapy.; PAPILLEDEMA WITH SHUNT FAILURE S/P REVISION OF SHUNT, BILATERAL CRANIAL 4 NERVE PALSY; LUMBOPERITENEAL SHUNT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

headache; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

headaches eye pain and brain tumor in the family; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).
History of tumor; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

MILD EARLY ADEMA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/13/2017; There has not been any treatment or conservative therapy.; EYE PAIN UPON MOVEMENT, VISION LOSS IN THE LEFT EYE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

MRI of brain with and without contrast to rule out mass, cerebral venous sinus thrombosis, or chiari malformation. & RxD; & RxD; Patient has daily headaches in addition to ringing in the ears.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ongoing; It is not known if there has been any treatment or conservative therapy.; The Pt has vision loss, monovula esotropia of left eye. Pt is glaucoma suspect. Pt has strabismus in bilateral eyes. Pt has history of vision issues since childhood.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

patient complains of left sided head pain near eye with pressure sensation. visual field testing shows minor abnormalities. testing in office indicates imaging studies as next step; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Patient has optic atrophy and increased eye pressure. Trying to rule out compression lesion.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.
patient was knock down by a cow and hit head on the ground; This study is being ordered for trauma or injury.; 11/10/2017; There has not been any treatment or conservative therapy.; patient is having extreme pain around left and left side of head and blurry vision in left eye, patient is seeing a glear out out the peripheral on the right side; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

PERIFERAL VISION LOSS; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/anuryism, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have diziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

Prior history of cataract surgery in the left eye, but did not show visual improvement. We are concerned with the history of prostate cancer because it can spread to the brain.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Pt suffers with headaches, blacking out and sudden onset of pain.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.
This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sisted weakness, speech impairments, or vision defects.

unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)

unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/14/2017; There has not been any treatment or conservative therapy.; headaches, trying to rule out ms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; diplopia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; diplopia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)

This is a request for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sisted weakness, speech impairments, or vision defects.

unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)

unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/14/2017; There has not been any treatment or conservative therapy.; headaches, trying to rule out ms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; diplopia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; diplopia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)
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<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Radiology Services Denied</th>
<th>Final Diagnosis</th>
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<tbody>
<tr>
<td>70486</td>
<td>CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO XILLOFACIAL NO CONTRAST</td>
<td>Not Medically Necessary</td>
<td>This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;: This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; diplopia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>70490</td>
<td>CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST</td>
<td>Not Medically Necessary</td>
<td>Yes, this is a request for CT Angiography of the brain.</td>
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<td>70496</td>
<td>CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST</td>
<td>Not Medically Necessary</td>
<td>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;: This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>70540</td>
<td>MRI ORBIT/FACE/NECK W/O DYE</td>
<td>Not Medically Necessary</td>
<td>Assessment &lt;OD: Unspecified chronic inflammatory disorders of orbit (H05.10); This study is being ordered for Inflammatory/ Infectious Disease.; Unspecified chronic inflammatory disorders of orbit: H05.10.&lt;OD; OS: Discussed diagnosis in detail with patient. unlikely Optic neuritis due to completely normal exam (including color vision being 16/16 correct), most likely orbital inflammation, possibly po; There has been treatment or conservative therapy.; The patient is a 20 year old W woman with complaint of severe pain with left eye movements. When patient looks up, down, or to the side (especially looking right) she has a sharp shooting pain in her temple and a deep ache behind her left eye. There is no; Naproxen 500 mg PO BID and if no improvement in symptoms then may need some oral steroids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<tr>
<td>70540</td>
<td>MRI ORBIT/FACE/NECK W/O DYE</td>
<td>Not Medically Necessary</td>
<td>There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.</td>
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</table>
none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ongoing; It is not known if there has been any treatment or conservative therapy.; The Pt has vision loss, monovula esotropia of left eye. Pt is glaucoma suspect. Pt has strabismus in bilateral eyes. Pt has history of vision issues since childhood.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

1

70544 Mr angiography head w/o dye

Radiology Services Denied Not Medically Necessary

Ophthalmology Disapproval

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

1

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Radiology Services Denied Not Medically Necessary

Ophthalmology Disapproval

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

1

eye pain &lt;nd; The patient is a 20 year old W woman with complaint of severe pain with left eye movements. When patient looks up, down, or to the side (especially looking right) she has a sharp shooting pain in her temple and a deep ache behind her left eye.; This request is for a Brain MRI; The study is not being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell’s palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.

1

70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

Radiology Services Denied Not Medically Necessary

Ophthalmology Disapproval

71250 CT CHEST, THORAX

Radiology Services Denied Not Medically Necessary

Ophthalmology Disapproval

This is a request for a temporomandibular joint MRI.

1

Oral/Maxillofacial Approval

70336 MRI TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT

This is a request for face, jaw, mandible CT.239.8; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT

1

Orthopedics Approval

70486 CT SINUS, FACE,JAW,MANDIBLE,MA XILLOFACIAL NO CONTRAST

This request is for face, jaw, mandible CT.239.8; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT

1

Orthopedics Approval

70540 MRI ORBIT/FACE/NECK W/O DYE

This is a request for orbit, face, or neck soft tissue MRI.239.8; The study is ordered for trauma or injury of the orbit, face or neck soft tissue continued neck pain after failed conservative treatment; "This is a request for orbit, face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection,cancer, mass, tumor, pre or post-operative evaluation

1
Orthopedics Approval 70544 Mr angiography head w/o dye
There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.

Orthopedics Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.

Orthopedics Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

Orthopedics Approval 71250 CT CHEST, THORAX
This study is being ordered for a pre-operative evaluation.; Yes this is a request for a Diagnostic CT

Orthopedics Approval 71250 CT CHEST, THORAX
There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT

Orthopedics Approval 71250 CT CHEST, THORAX
'None of the above' describes the reason for this request.; Abnormal imaging (xray) finding was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT

Orthopedics Approval 71250 CT CHEST, THORAX
There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being requested for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT

Orthopedics Approval 71250 CT CHEST, THORAX
This study is being ordered for follow-up to trauma.; "The ordering physician is a surgeon, pulmonologist, or cardiologist.".; This is a request for a chest MRI.

Orthopedics Approval 71550 MRI CHEST
This study is being ordered for inflammatory disease.; The ordering physician is a surgeon or pulmonologist.; This is a request for a chest MRI.

Orthopedics Approval 71215 CT CERVICAL SPINE, NECK SPINE NO CONTRAST
; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.
AP and lateral x-ray of the cervical spine ordered, obtained, and interpreted today reveals no change from previous x-rays the cervical spine. He thinks he has slight increased lordosis. Radiolucency noted through the fusion, question pseudoarthrosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1. Status post ACDF, C6-7, on 11/21/14 with progressive right upper extremity radiculopathy; There has been treatment or conservative therapy.; She has several month history of progressive right intrascapular pain radiate down the right arm. She is undergoing chiropractic care which recently has made the right-sided neck pain worse. She has been anti-inflammatories and muscle relaxers including; physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Colin McCandles patient is a 46-year-old male we have followed primarily for nonradicular neck pain. This is predominantly on the left, associated with headaches, constant posterior neck pain, limited range of motion.&lt;br&gt;We have seen him since 2016, a w; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI. 1

Patient had MRI Cervical, results of MRI Cervical recommend CT Spine.&lt;br&gt;Extensive overgrowth of the right facet at C3 3-4 with narrowing of;&lt;br&gt;that neural canal. Please consider a CT scan for closer evaluation of&amp;rdquo; this area.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI. 1

The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Abnormal gait. 1

This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT 2

; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT 1

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; 26-year-old female with known history of adolescent idiopathic scoliosis. She has severe right-sided thoracic pain and mild left-sided lumbar pain. She has some shoulder, waist and breast asymmetry which bothers her. She has pain occasionally down the.; She has had 5 different courses of physical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1
<table>
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<th>Orthopedics Approval</th>
<th>72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST</th>
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<td>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1. Severe kyphoscoliosis, 100 kyphosis; 2. Post polio syndrome; 3. Severe degenerative disc disease and stenosis at L4-5; 4. Status post thoracolumbar fusion 40 years ago with Harrington rod, currently removed; There has been treatment or conservative therapy.; 62-year-old female with post polio syndrome who has a chronic progressive history of moderate to severe back pain radiating to both legs bilaterally. The pain is burning and piercing. The pain is getting worse. Rest and heat does help. The patient als; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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<td>Patient has a thoracic disc herniation at the T9-10 in the foramen on the right side with nerve compression and foraminal stenosis. Severe radiculopathy. Requesting CT to see if calcification is present; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT.</td>
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<td>She did appear to be in agreement. Tentatively our plan will be for revision of the distal fusion at L3-4 with up sizing of the L4 screw. This will allow was to get adequate fixation distally and give the optimal environment for fusion at this area. Sec; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/22/17; There has been treatment or conservative therapy.; back pain, had limited activities due to her pain into her restricted pain and motion. She reports that it feels like she has a knife in her back. The pain is located on the left side and she does report that it causes left-sided leg burning; She does report that she was previously taking tramadol for pain control and is now taking hydrocodone. She continues to take gabapentin; epidural steroid injection in the area of the disc herniation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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<td>unknown; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT.</td>
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<td>She has severe right-sided thoracic pain and mild left-sided lumbar pain. She has some shoulder, waist and breast asymmetry which bothers her. She has pain occasionally down the; She has had 5 different courses of physical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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<th>Orthopedics Approval</th>
<th>72131 CT LUMBAR SPINE, LOW BACK</th>
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<td>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 26-year-old female with known history of adolescent idiopathic scoliosis. She has severe right-sided thoracic pain and mild left-sided lumbar pain. She has some shoulder, waist and breast asymmetry which bothers her. She has pain occasionally down the; She has had 5 different courses of physical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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Orthopedics Approval 72131 CT LUMBAR SPINE, LOW BACK

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/13/2017; There has been treatment or conservative therapy.; severe right sided low back pain; Patient has been seeing a Chiropracter; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Orthopedics Approval 72131 CT LUMBAR SPINE, LOW BACK

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1. Severe kyphoscoliosis, 100 kyphosis; 2. Post polio syndrome; 3. Severe degenerative disc disease and stenosis at L4-5; 4. Status post thoracolumbar fusion 40 years ago with Harrington rod, currently removed; There has been treatment or conservative therapy.; 62-year-old female with post polio syndrome who has a chronic progressive history of moderate to severe back pain radiating to both legs bilaterally. The pain is burning and piercing. The pain is getting worse. Rest and heat does help. The patient als; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Orthopedics Approval 72131 CT LUMBAR SPINE, LOW BACK

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/18/17; There has been treatment or conservative therapy.; Persistant low back pain. left sided thoracolumbar pain. Post lumbar spine fusion L4 to the sacrum; Physical therapy, Medication and lifestyle modification; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Orthopedics Approval 72131 CT LUMBAR SPINE, LOW BACK

1. Grade 1 degenerative spondylolisthesis, L4-5 with lateral recess narrowing, foraminal narrowing with bilateral radiating numbness and tingling; 2. Grade 1 mild degenerative spondylolisthesis, L3-4; 3. Multilevel lumbar degenerative disc disease; This study is being ordered for a neurological disorder.; 12/16/2014; There has been treatment or conservative therapy.; Grade 1 degenerative spondylolisthesis, L4-5 with lateral recess narrowing, foraminal narrowing with bilateral radiating numbness and tingling; Grade 1 mild degenerative spondylolisthesis, L3-4; Multilevel lumbar degenerative disc disease; Outpatient physical therapy.; Home exercise program; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
AP and lateral x-ray of the lumbar spine ordered, obtained, and interpreted today reveals grade 1 spondylolisthesis did not at L3-4. Prior anterior fusion at L5-S1. L4-5 looks okay on x-ray alignment wise but has had a prior decompression posteriorly. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/16/2017; There has been treatment or conservative therapy.; 58-year-old gentle status post multiple spinal surgeries. He has the main issue is severe back pain radiating to the left buttock and leg mainly above the knee ongoing with standing and walking. He can only stand and walk for very short periods before he has had epidural injections and physical therapy. He has had 3 prior spinal surgeries.&lt;#x0D; 2008 L5-S1 fusion with Dr. Greenberg;&lt;#x0D; 2013 L4-5 laminectomy by Dr. adametz;&lt;#x0D; 2013 L3-4 laminectomy by Dr. adametz; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology. For some reason the patient's insurance company is declining further imaging. The patient has a very dermatomal postoperative radiculopathy that worse than before surgery. She is now developing neurologic deficit and foot drop. This may could have been; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT. This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT. This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT. This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is to be part of a myelogram or discogram.; Yes this is a request for a Diagnostic CT. This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is to be part of a myelogram or discogram.; Yes this is a request for a Diagnostic CT. This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT. &lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.
This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness in digit in hand; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

This is a request for cervical spine MRI; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; Pain getting severe, aching burning, throbbing, cold sensations in upper extremity.; medications, home exercise, injection.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2005; There has been treatment or conservative therapy.; Pain getting severe, aching burning, throbbing, cold sensations in upper extremity.; medications, home exercise, injection.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for Vascular Disease.; 2012; There has not been any treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Positive for weakness in right arm.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.
This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms; There is weakness; 55-year-old white male bilateral shoulder rotator cuff arthropathy. He does have mildly decreased grip strength bilaterally. Anterior deltoid is intact. MRI of the C-spine is ordered today to rule out neuropathic shoulder and/or C-spine involvement. 1; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Mild Weakness of both upper extremities was observed, Light touch sensation is diminished through the left upper extremity.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 01/01/17; There has been treatment or conservative therapy.; over the last year so she is been developing worsening back pain and a lump in her lower back on the left side.; a popping sensation. She also leans forward and has some difficulty with at extending back up from a flexed position. some shoulder discomfort; She is able to get some pain relief with wearing a brace. She takes Aveve prescription strength for her pain and uses an over-the-counter sleep aid.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/30/15; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 years; There has been treatment or conservative therapy.; This patient states that she is had persistent problems with left shoulder and neck pain for approximately 2 years. She had this evaluated in Batesville, Arkansas couple of years ago. She was told at that time that she had some sore muscles and was give; Cortisone Injection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

AP and lateral x-ray of the cervical spine ordered, obtained, and interpreted today reveals no change from previous x-rays the cervical spine. He thinks he has slight increased lordosis. Radiolucency noted through the fusion, question pseudoarthrosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1. Status post ACDF, C6-7, on 11/21/14 with progressive right upper extremity radiculopathy; There has been treatment or conservative therapy.; She has several month history of progressive right intrascapular pain radiate down the right arm. She is undergoing chiropractic care which recently has made the right-sided neck pain worse. She has been anti-inflammatoryes and muscle relaxers including; physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

His curvature is rather severe. It is definitely contributing to his back pain. It is likely to continue to progress throughout his life in cause progressive disability and possibly pulmonary impairment.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/26/17; There has not been any treatment or conservative therapy.; WORSENING THORACIC AND LUMBAR BACK PAIN; SCOLIOSIS, SOMETIMES WEAKNESS, AS WELL AS INTERMITTENT NUMBNESS ALONG 1 SIDE OF THE BODY; INTERMITTENT MUSCLE CRAMPS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
IMPRESSION: #1. C-spine herniated nucleus pulposus versus foraminal stenosis with C6 and C7 radiculopathy left more symptomatic and right; &h=x0D; &h=x0D; &h=x0D; &h=x0D; &h=x0D; &h=x0D; PLAN:&h=x0D;: #1. Secondary to his continued pain in his main complaints with with weakness and upper extrem; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.;

It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.; No, the patient did not have six weeks of Chiropractic care related to this episode.;

Patient has tried Tylenol, Ibuprofen and Aleve with no relief. It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt has weakness on the right hand; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/21/2016; There has been treatment or conservative therapy.; Piercing pain in back with radiculopathy to the extremities; Difficulty walking, tingling and numbness in extremities; Nonsteroidal anti-inflammatory medications, lifestyle modifications, spinal exercises and failed x 6 weeks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.;

Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

numbness in left hand. Left sided radiculopathy.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Numbness, and hurts when touching, Inflation.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Review of Systems ros negative except as stated above in HPI;&h=x0D; Physical Exam
The patient is in no apparent distress is alert oriented times 3 and has hearing and comprehension intact to the spoken word. Their respirations are even and unlabored.&h=x0D; Imaging; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
She returns today for recheck of her right shoulder pain. She reports minimal improvement since starting physical therapy. She continues to have substantial catching. She also describes episodes circumferential nondermatomal weakness in the right shoul; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/1/17; There has been treatment or conservative therapy.; right shoulder pain, weakness; She reports minimal improvement since starting rest, physical therapy, or anti-inflammatories.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.
There seems to be a disconnect between the nerves that originate in her neck and the muscles they control. This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms; There is weakness; scapular winging and dyskinesia. Radiating and burning shoulder pain from her shoulder down to her arm. numbness and tingling. weakness with shoulder flexion, extension, abduction, and adduction; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

This is a request for cervical spine MRI; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; Follow-up to Surgery or Fracture within the last 6 months

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.

This is a request for cervical spine MRI; None of the above; &lt;Enter Additional Clinical Information&gt; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

This is a request for cervical spine MRI; Pre-Operative Evaluation; No, the last Cervical spine MRI was not performed within the past two weeks.

This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.
This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.

This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.

This is a request for cervical spine MRI; Trauma or recent injury; C4 injury of spinal cord; Neck pain; Quadriplegia; It is not known if the patient have new or changing neurological signs or symptoms.; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; 26-year-old female with known history of adolescent idiopathic scoliosis. She has severe right-sided thoracic pain and mild left-sided lumbar pain. She has some shoulder, waist and breast asymmetry which bothers her. She has pain occasionally down the ; She has had 5 different courses of physical therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for Vascular Disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has been treatment or conservative therapy.; ; 01/01/17; There has been treatment or conservative therapy.; over the last year so she is been developing worsening back pain and a lump in her lower back on the left side.&#x00D; A popping sensation. She also leans forward and has some difficulty with at extending back up from a flexed position. some shoulder discomfor; She is able to get some pain relief with wearing a brace. She takes Aleve prescription strength for her pain and uses an over-the-counter sleep aid.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease. 1. Severe kyphoscoliosis, 100 kyphosis; 2. Post polio syndrome; 3. Severe degenerative disc disease and stenosis at L4-5; 4. Status post thoracolumbar fusion 40 years ago with Harrington rod, currently removed; There has been treatment or conservative therapy.; 62-year-old female with post polio syndrome who has a chronic progressive history of moderate to severe back pain radiating to both legs bilaterally. The pain is burning and piercing. The pain is getting worse. Rest and heat does help. The patient als.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/30/15; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/18/17; There has been treatment or conservative therapy.; Persistant low back pain. left sided thoracolumbar pain. Post lumbar spine fusion L4 to the sacrum; Physical therapy, Medication and lifestyle modification; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

1. Chronic neck pain and intrascapular pain; 2. status post right LS-5 microdiscectomy on 9/5/17; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/18/17; There has been treatment or conservative therapy.; Concerning the cervical spine, She has a chronic history of multiple years of neck pain and left intrascapular pain. She has numbness into the right small finger as well.; he has had at least 40 visits of physical therapy and chiropractic care. She has had muscle relaxers and anti-inflammatory's.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
His curvature is rather severe. It is definitely contributing to his back pain. It is likely to continue to progress throughout his life in cause progressive disability and possibly pulmonary impairment.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 9/26/17; There has not been any treatment or conservative therapy.; WORSENING THORACIC AND LUMBAR BACK PAIN; SCOLIOSIS, SOMETIMES WEAKNESS, AS WELL AS INTERMITTENT NUMBNESS ALONG 1 SIDE OF THE BODY; INTERMITTENT MUSCLE CRAMPS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

It is not known if the patient has any neurological deficits.; The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for a thoracic spine MRI.; It is not known how many follow-up thoracic spine MRIs the patient has had.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.;

It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.;

none; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/21/2016; There has been treatment or conservative therapy.; Piercing pain in back with radiculopathy to the extremities. Difficulty walking. Tingling and numbness in extremities; Nonsteroidal anti-inflammatory medications, lifestyle modifications, spinal exercises and failed x 6 weeks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Review of Systems ros negative except as stated above in HPI; Physical Exam
The patient is in no apparent distress is alert oriented times 3 and has hearing and comprehension intact to the spoken word. Their respirations are even and unlabored.&amp;#x003D; Imaging; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
She did appear to be in agreement. Tentatively our plan will be for revision of the distal fusion at L3-4 with up sizing of the L4 screw. This will allow us to get adequate fixation distally and give the optimal environment for fusion at this area. Sec; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/22/17; There has been treatment or conservative therapy.; back pain, had limited activities due to her pain into her restricted pain and motion. She reports that it feels like she has a knife in her back. The pain is located on the left side and she does report that it causes left-sided leg burning; She does report that she was previously taking tramadol for pain control and is now taking hyd r o c o d o n e. She continues to take gabapentin.&amp;#x0D; epidural steroid injection in the area of the disc herniation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology. The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Imaging was again reviewed and shows what appears to be a type II Sher m ans deformity with approximate 45 of kyphosis at the thoracolumbar junction. I do see wedging of 3 consecutive vertebral bodies. He appears to be a Risser 4-5; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam. The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.

This is a request for a thoracic spine MRI.; Acute or Chronic back pain.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

This is a request for a thoracic spine MRI.; There is evidence of tumor or metastasis on a bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis.

&lt;Enter answer here - or Type In Unknown If No Info Given.&gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

&lt;Enter answer here - or Type In Unknown If No Info Given.&gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain.; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.
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<th>Orthopedics Approval</th>
<th>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</th>
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<td>have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Norco, hydrocodone</td>
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<td>patient has none of the above</td>
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<td>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; anti inflammatory; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</td>
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The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; It is not known if there is x-ray evidence of a lumbar recent fracture.

Hips: Bony Palpation Right: tenderness of the SI joint and the greater trochanter. Bony Palpation Left: tenderness of the SI joint and the greater trochanter. Soft Tissue Palpation Right: no tenderness of the hip flexor muscles. Soft Tissue Palpation Left; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Mr. Johnson returns for follow up of his chronic bilateral sciatica, left greater than right, with a history of foraminal stenosis bilaterally at L3-4 and L4-5. We have not seen him for about twenty months. He had two LESI's ordered the last time I saw; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Weakness of left lower extremities was observed.&lt;#x0D; Patellar and achilles tendon reflexes 2+ bilaterally.&lt;#x0D; Light touch sensation is diminished throughout left&lt;#x0D; lower extremity. Positive left straight leg raise.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness and instability of lower extremities with positive Ovcrs test on right side; positive Gaenlen's test as well.x-rays of lumbar spine unremarkable.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Right knee positive grind sign motion is full. Mildly positive straight leg raise test on right. Diminished strength in the L4-L5 and S1 distributions and diminished sensation in the L4 distribution as well. No long track signs noted; The patient does not have acute or chronic back pain.; The patient has none of the above.; This procedure is being requested for Trauma or recent injury.
This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; 26-year-old female with known history of adolescent idiopathic scoliosis. She has severe right-sided thoracic pain and mild left-sided lumbar pain. She has some shoulder, waist and breast asymmetry which bothers her. She has pain occasionally down the ; She has had 5 different courses of physical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Orthopedics Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

01/01/17; There has been treatment or conservative therapy.; over the last year so she is been developing worsening back pain and a lump in her lower back on the left side.

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Orthopedics Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

09/13/2017; There has been treatment or conservative therapy.; Severe right sided low back pain; Patient has been seeing a Chiropractor; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Orthopedics Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

10/30/15; There has been treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Orthopedics Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

26-year-old female with known history of adolescent idiopathic scoliosis. She has severe right-sided thoracic pain and mild left-sided lumbar pain. She has some shoulder, waist and breast asymmetry which bothers her. She has pain occasionally down the; She has had 5 different courses of physical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Orthopedics Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

1
AP and lateral x-ray of the lumbar spine ordered, obtained, and interpreted today reveals grade 1 spondylolisthesis did not at L3-4. Prior anterior fusion at L5-S1. L4-5 looks okay on x-ray alignment wise but has had a prior decompression posteriorly. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease. 08/16/2017; There has been treatment or conservative therapy. 58-year-old gentle status post multiple spinal surgeries. He has the main issue is severe back pain radiating to the left buttock and leg mainly above the knee ongoing with standing and walking. He can only stand and walk for very short periods before he has had epidural injections and physical therapy. He has had 3 prior spinal surgeries. 2008 L5-S1 fusion with Dr. Greenberg. 2013 L4-5 laminectomy by Dr. adametz; 2013 L3-4 laminectomy by Dr. adametz; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Chronic low back pain with history of disc hernation. It is hard to say what is going on. She had an MRI scan done about 2 years ago, but we do not have it or the report. Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Chronic low back pain. Persistent Thoracolumbar pain persistent obesity class III; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Chronic low back pain. Persistent obesity class III; Thoracolumbar pain persistent obesity class III; Possible facetogenic obesity class III; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

FACET JOINT ARTHROSIS THROUGH OUT THE LUMBAR SPINE, NUMBNESS IN LEFT FOOT; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

For some reason the patient’s insurance company is declining further imaging. She is now developing neurologic deficit and foot drop. This may could have been; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. Low back pain with occasional radiating leg pain; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is not know if the patient has seen the doctor more then once for these symptoms.

His curvature is rather severe. It is definitely contributing to his back pain. It is likely to continue to progress throughout his life in cause progressive disability and possibly pulmonary impairment.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/26/17; There has not been any treatment or conservative therapy.; WORSENING THORACIC AND LUMBAR BACK PAIN; SCOLIOSIS, SOMETIMES WEAKNESS, AS WELL AS INTERMITTENT NUMBNESS ALONG 1 SIDE OF THE BODY; INTERMITTENT MUSCLE CRAMPS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
On physical examination, there is pain to palpation of the lower lumbar spine. There is pain to flexion and extension of the lower lumbar spine. There is pain to straight leg raising on the involved side, and to a lesser degree on the uninvolved side. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; On physical examination, there is pain to palpation of the lower lumbar spine. There is pain to flexion and extension of the lower lumbar spine. There is pain to straight leg raising on the involved side, and to a lesser degree on the uninvolved side. The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Pain is severe in intensity and burning, sharp in nature. Pain is getting worse. Pain radiates into the right buttock, thigh, shin to the ankle. Positive for numbness, tingling. Pain is aggravated with bending, lifting, standing, stairs, walking, exert; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; There does have new or changing neurologic signs or symptoms.; There is weakness.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Patient is 6 months post decompression and interbody fusion at L5-S1. Last week developed low back pain radiating posteriorly in her hamstrings down to her right knee. She has a positive straight leg raise on the right side. She is currently using medic; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above.; Patient was in for a follow up on her microdiskectomy L5-S1 done August 2, 2017. Pt is having sporadic back pain with a pulling sensation in her legs; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above.; Review of Systems ros negative except as stated above in HPI. Physical Exam the patient is in no apparent distress is alert oriented times 3 and has hearing and comprehension intact to the spoken word. Their respirations are even and unlabored.; Imag; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. She returns today to discuss severe low back pain which radiates down bilateral legs to the knees in an L5 dermatomal distribution. This is worse constantly without any improving position or therapy. She previously has tried physical therapy and medicat; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Left Hip: tender to palpation at the distal gluteus medius. Flexion 100, FIR 20, FER 45.; Right Hip: tender to palpation at the distal gluteus medius. Flexion 100, FIR 20, FER 45.; Her previous MRI showed a disc herniation at L5/S1 with no evidence of s1
The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have a new foot drop.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.

The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; No, the last Lumbar spine MRI was not performed within the past two weeks.; Surgery is scheduled within the next 4 weeks.

The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for Neurologic deficits

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection
This is a 44-year-old female who presents with low back pain. She has a few month history of back pain, reports pain started around the past summer. Denies any injury. Pain is moderate to severe in intensity and she has pain at night. Pain is aching; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/2017; There has been treatment or conservative therapy.; Medial and lateral pain in her knee, painful walking, trouble getting up and down.; OTC pain relievers, and some physical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Unknown; This study is being ordered for staging; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.

**Orthopedics Approval**

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

X-rays on R showed no fracture, no degenerative changes, loss of disc space height arthropathy L4-5, slight calcification of the arterial vessel to the lumbar spine; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Flexion and extension is limited to no more than 50 degrees flexion and 0 degrees of extension, tender to palpation lower back, no dimension on the lateral side of the R, reflex 1/4 on the patellar; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

X-rays were taken today and show moderate DJD of the lower lumbar spine without spondylolisthesis; On physical examination there is moderate pain to palpation of the lower lumbar spine. There is pain to flexion and extension of the lower lumbar spine as w; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above BONE LESION; This study is being ordered because of a suspicious mass/ tumor.; "Caller doesn't know if patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT

**Orthopedics Approval**

72192 CT PELVIS WITHOUT CONTRAST

BONE LESION; This study is being ordered because of a suspicious mass/ tumor.; "Caller doesn't know if patient has had a pelvic ultrasound, barium, CT, or MR study.; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT

**Orthopedics Approval**

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

The study requested is a Lumbar Spine MRI.; This study is being ordered for staging.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.

**Orthopedics Approval**

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/2017; There has been treatment or conservative therapy.; Medial and lateral pain in her knee, painful walking, trouble getting up and down.; OTC pain relievers, and some physical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
evaluate bone healing and plan for internal fixation removal; This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; There is physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT

Mr. Wimberly is a 27-year-old male who comes in today for evaluation of his right hip. He has had pain in his right hip for about 3 weeks. 3 weeks ago he was involved in a motor vehicle accident. He tried to swerve to miss a deer and hit a tree. He was an; This study is being ordered as a follow-up to trauma.; There is NO laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; It is not known if there is physical or radiological evidence of a pelvic fracture.; "The ordering physician is not a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT

Patient is having severe bilateral hip pain, and the physician ordering is an orthopedic surgeon performing a pre-operative evaluation of the patient.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT

Physician ordering is an orthopedic surgeon needing this scan as a preoperative exam for this patient to have her hip operated on.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT

The ordering physician is an orthopedic surgeon. The patient is having severe pelvic and bilateral hip pain, and the physician needs the CT scan for a pre-operative evaluation.; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT

&It; Enter answer here - or Type In Unknown If No Info Given. &gt; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

; This is a request for a Pelvis MRI.; The request is not for any of the listed indications. Hist of back pain; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.
No info given.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Patient is complaining about pain in both her hips. Cannot walk without significant pain. She must sit down to relieve the pain. Pain is probably caused by Avascular Necrosis.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Questionable osteomyelitis of right iliac wing with ileo psa os abscess per MRI. See Infectious Disease notes about patient's recent admission to the Med Center for septic shock. He was in renal failure therefore unable to get MRI with contrast. Osteomy; This study is being ordered for Inflammatory/ Infectious Disease.; 10/6/17; There has been treatment or conservative therapy.; He returns in f/u of MRSA bacteremia and septic hip and iliacus osteomyelitis. He was in hospital from 8/26/17 to 9/8/17. He completed 6 wks of IV vancomycin on 10/8/17 with complication of redman Sx requiring his daily dose of vancomycin to infuse over; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This is a request for a Pelvis MRI.; Surgery is planned for within 30 days.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.

This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.

This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.

This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.

This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?

This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for bilateral hip avascular necrosis.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This is a request for a Pelvis MRI.; The study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; don't know; There has been treatment or conservative therapy.; swelling; not sure; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Orthopedics Approval 73200 CT ARM OR UPPER EXTREMITY There is a history of upper extremity joint or long bone trauma or injury.; This is a request for an Arm CT Non Joint; Yes this is a request for a Diagnostic CT 1
Orthopedics Approval 73200 CT ARM OR UPPER EXTREMITY There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; This is a request for an Arm CT Non Joint; Yes this is a request for a Diagnostic CT 1
Orthopedics Approval 73200 CT ARM OR UPPER EXTREMITY This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT 65
Orthopedics Approval 73200 CT ARM OR UPPER EXTREMITY This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT 1
Orthopedics Approval 73200 CT ARM OR UPPER EXTREMITY This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT 18
Orthopedics Approval 73200 CT ARM OR UPPER EXTREMITY This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT 7
Orthopedics Approval 73200 CT ARM OR UPPER EXTREMITY This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT 1
Orthopedics Approval 73200 CT ARM OR UPPER EXTREMITY This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT 1
Orthopedics Approval 73200 CT ARM OR UPPER EXTREMITY This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT 1
Orthopedics Approval 73200 CT ARM OR UPPER EXTREMITY This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT 1
Orthopedics Approval 73200 CT ARM OR UPPER EXTREMITY This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT 1
Orthopedics Approval 73200 CT ARM OR UPPER EXTREMITY This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT 1
Orthopedics Approval 73200 CT ARM OR UPPER EXTREMITY This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT 1

Orthopedics Approval 73206 CT ANGIOGRAPHY UPPER EXTREMITY Yes, this is a request for CT Angiography of the upper extremity. 1
Orthopedics Approval 73206 CT ANGIOGRAPHY UPPER EXTREMITY &lt;Enter answer here - or Type In Unknown If No Info Given.&gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. 1
Orthopedics Approval 73206 CT ANGIOGRAPHY UPPER EXTREMITY &lt;Enter answer here - or Type In Unknown If No Info Given.&gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

Orthopedics Approval 73206 CT ANGIOGRAPHY UPPER EXTREMITY &lt;Enter answer here - or Type In Unknown If No Info Given.&gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1
Due to persistent pain and swelling per the patient with a normal x-ray and lack of response to anti-inflammatories recommended a MRI for further evaluation. An MRI of the Right Wrist was ordered. The patient is to return when the result of MRI is available; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease. 

- There has not been any treatment or conservative therapy. 
- Pain is severe with a rating of 10/10. She describes the symptoms as aching. The symptoms come and go. Since the onset, she reports the problem is getting worse. The symptoms are made worse with gripping. The patient experiences swelling, numbness, stiffness. 
- One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
- The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
- The request is for an upper extremity non-joint MRI; This is not a preoperative or recent postoperative evaluation.
- There is not suspicion of upper extremity bone or soft tissue infection.
- The ordering physician is an orthopedist.

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<th>Orthopedics Approval</th>
<th>73220 MRI UPPER EXTREMITY, ENTIRE EXTREMITY, NOT A JOINT</th>
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<td>1</td>
<td>Enter answer here - or Type In Unknown If No Info Given</td>
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<td>Orthopedics Approval</td>
<td>73220 MRI UPPER EXTREMITY, ENTIRE EXTREMITY, NOT A JOINT</td>
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<td>1</td>
<td>The request is for an upper extremity non-joint MRI; This is a preoperative or recent postoperative evaluation.</td>
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<td>17</td>
<td>The request is for an upper extremity non-joint MRI; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.</td>
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<td>73220 MRI UPPER EXTREMITY, ENTIRE EXTREMITY, NOT A JOINT</td>
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<td>The request is for an upper extremity non-joint MRI; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.</td>
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The pain is from a recent injury; it is not known if surgery or arthroscopy is scheduled in the next 4 weeks; it is not known if there is a suspicion of fracture not adequately determined by x-ray; it is not known if there is a suspicion of tendon or ligament injury; this request is for a wrist MRI; this study is requested for evaluation of wrist pain.

The requested study is a Shoulder MRI; the pain is described as chronic; the request is for shoulder pain; the physician has not directed conservative treatment for the past 6 weeks.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; there has been treatment or conservative therapy; one of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; the ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiology, Oncology.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 10 years; there has been treatment or conservative therapy; right shoulder pain, limited ROM, stiffness, popping, knee pain, popping, locking, stiffness; medications; one of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; the ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiology, Oncology.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 2005; there has been treatment or conservative therapy; pain getting severe, aching burning, throbbing, cold sensations in upper extremity; medications, home exercise, injection; one of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; the ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiology, Oncology.
This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Knee 12/18/2015, shoulder 8/9/2017.; There has been treatment or conservative therapy.; Shoulder and arm pain, worse on movement, pain radiates from lateral shoulder to arm. No improvement with anti-inflammatory; Injection for right knee; steroid injection and ice for shoulder; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for trauma or injury.; 10/11/2017; There has not been any treatment or conservative therapy.; pain and popping in shoulder in shoulder and knee.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 months ago; It is not known if there has been any treatment or conservative therapy.; This nice lady is having pain soreness in either hand and wrist. Particularly she points to the anatomic snuffbox of either hand. Wrist range of motion is painful for her. She has a history of rheumatoid arthritis.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 months ago; It is not known if there has been any treatment or conservative therapy.; This nice lady is having pain soreness in either hand and wrist. Particularly she points to the anatomic snuffbox of either hand. Wrist range of motion is painful for her. She has a history of rheumatoid arthritis.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 months ago; It is not known if there has been any treatment or conservative therapy.; This nice lady is having pain soreness in either hand and wrist. Particularly she points to the anatomic snuffbox of either hand. Wrist range of motion is painful for her. She has a history of rheumatoid arthritis.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 months ago; It is not known if there has been any treatment or conservative therapy.; This nice lady is having pain soreness in either hand and wrist. Particularly she points to the anatomic snuffbox of either hand. Wrist range of motion is painful for her. She has a history of rheumatoid arthritis.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 months ago; It is not known if there has been any treatment or conservative therapy.; This nice lady is having pain soreness in either hand and wrist. Particularly she points to the anatomic snuffbox of either hand. Wrist range of motion is painful for her. She has a history of rheumatoid arthritis.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 years; There has been treatment or conservative therapy.; This patient states that she is had persistent problems with left shoulder and neck pain for approximately 2 years. She had this evaluated in Batesville, Arkansas couple of years ago. She was told at that time that she had some sore muscles and was give; Cortisone Injection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

This study is being ordered for trauma or injury.; 11/27/2017; There has been treatment or conservative therapy.; Pain and swelling; NSAIDs and brace; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

10-13-17:
HPI: This patient is here today for a new complaint of pain and problems his left shoulder for the past 2 weeks. He reports he is having severe pain over the lateral aspect of the shoulder with some radiation into the upper arm. He reports the; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.

55 yr old male patient w/ chronic shoulder pain.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks; abnormal xrays, bilat shoulder pain from injury, crepitance.; This study is being ordered for trauma or injury.; 10.2.17; There has been treatment or conservative therapy.; bilat shoulder pain w crepitance, abnormal xrays; nsaid, oral analgesics, no lifting; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 2

Because of the significant weakness of his rotator cuff with preserved range of motion I would like to obtain an MRI of his right shoulder to evaluate for rotator cuff tear. Follow up with me after.&lt;div&gt;The patient's right shoulder is normal in appearance, ; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.

Chronic pain in R shoulder and cervical radiculopathy; This study is being ordered for trauma or injury.; 11/01/2017; There has been treatment or conservative therapy.; Instability of R Shoulder joint.&lt;div&gt;&lt;div&gt;Cervical Radiculopathy; Patient has done home exercises with no good results as well as nsaid; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
Orthopedics Approval
73221 MRI JOINT OF UPPER EXTREMITY

Due to persistent pain and swelling per the patient with a normal x-ray and lack of response to anti-inflammatories recommended a MRI for further evaluation. An MRI of the Right Wrist was ordered. The patient is to return when the result of MRI is avaial.

Enter answer here - or Type In Unknown

Orthopedics Approval
73221 MRI JOINT OF UPPER EXTREMITY

History of Present Illness:

Jimmy is a 56 year old male with bilateral shoulder pain that has been going on for a long period of time. About 6 or 7 years ago, he dislocated his right shoulder and he was reduced in the emergency room. He had an injection 6 months ago. using it makes it worse.

Enter answer here - or Type In Unknown

Orthopedics Approval
73221 MRI JOINT OF UPPER EXTREMITY

Surgery or arthroscopy is not scheduled in the next 4 weeks. The request is for shoulder pain. There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.

Orthopedics Approval
73221 MRI JOINT OF UPPER EXTREMITY

The requested study is a Shoulder MRI. The pain is from a recent injury. Surgery or arthroscopy is not scheduled in the next 4 weeks. The request is for shoulder pain. There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.

Orthopedics Approval
73221 MRI JOINT OF UPPER EXTREMITY

As a result of persistent pain and swelling per the patient with a normal x-ray and lack of response to anti-inflammatories recommended a MRI for further evaluation. An MRI of the Right Wrist was ordered. The patient is to return when the result of MRI is available. There has not been any treatment or conservative therapy. Pain is severe with a rating of 10/10. She describes the symptoms as aching. The symptoms come and go. Since the onset, she reports the problem is getting worse. The symptoms are made worse with gripping.

Orthopedics Approval
73221 MRI JOINT OF UPPER EXTREMITY

There are no skin wounds or rashes, no erythema, stiffness, or swelling. One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, or Surgical Oncology or Radiation Oncology. The patient experiences swelling, numbness, stiffness.

Orthopedics Approval
73221 MRI JOINT OF UPPER EXTREMITY

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. The patient has not completed 6 weeks or more of Chiropractic care. The physician has not directed a home exercise program for at least 6 weeks. Two of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Orthopedics Approval
73221 MRI JOINT OF UPPER EXTREMITY

The patient has been treated with medication. The patient has not completed 6 weeks of physical therapy. The patient has not completed 6 weeks of physical therapy. Xanax.

Orthopedics Approval
73221 MRI JOINT OF UPPER EXTREMITY

The patient received medication other than joint injections(s) or oral analgesics. Has been to physical therapy and had steroid injection of which only helped about a week. The requested study is a Shoulder MRI. The pain is from a recent injury. Surgery or arthroscopy is not scheduled in the next 4 weeks. The request is for shoulder pain. There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.
He has pain right over the radiostyloid and x-rays do show some bone changes in this area also consistent with a distal radius fracture.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.

Orthopedics Approval 73221 MRI JOINT OF UPPER EXTREMITY

He has previously had right rotator cuff repair 12/22/2016. He fell down stairs approximately one month ago and has had limited range of motion and pain. MRI is ordered to evaluate the rotator cuff.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.

Orthopedics Approval 73221 MRI JOINT OF UPPER EXTREMITY

LEFT shoulder pain after she fell directly on her shoulder on 11/1/17. No pain at night. No associated numbness and tingling.; No previous surgeries or problems with this shoulder. &xD; The pain is described as a stabbing, burning pain that is constant and.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.

Orthopedics Approval 73221 MRI JOINT OF UPPER EXTREMITY

left shoulder pain not relieved after steroid injection.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.

Orthopedics Approval 73221 MRI JOINT OF UPPER EXTREMITY

No relief from pain with surgery, medication and steroid injections..Upper extremity pain with paresthesias and weakness down to his hands. has had some balance issues with frequent falls. Pain is severe and getting worse; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/19/16; There has been treatment or conservative therapy.; Bilateral upper extremity pain. Upper sternum pain with paresthesias and weakness down to the bilateral hands.; Cervical Spine surgery, medication and steroid injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

None; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.

Orthopedics Approval 73221 MRI JOINT OF UPPER EXTREMITY

PAIN W/ ACTIVITY, IN BRACE, MEDS, HOME EXER; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.
Patient has not improved with conservative treatment including physical therapy, rest, subacromial injection, and trigger point injections. Left shoulder pain with scapulothoracic dysfunction. The right shoulder shows on exam: impingement sign is positive; This study is being ordered for trauma or injury.; May 2013; There has been treatment or conservative therapy.; Pain, stiffness, clicking, popping and weakness; The symptoms have improved with bracing. The symptoms are made worse with physical therapy. There has been no change in the symptoms with heat, rest and injection. Physical therapy started 2015. Injection(s) started Steroid injection 11/2/2016, 5/11/2017; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Orthopedics Approval 73221 MRI JOINT OF UPPER EXTREMITY

Patients initial injury was 7/10/17. Patient was seen at Emergent Care same day with x-rays taken. Patient saw PCP one week later. Patient is taking NSAIDS. Patient referred to us 10/10/17. Patients x-rays reviewed. Patient given steroid injection. Patient; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear. 1

Orthopedics Approval 73221 MRI JOINT OF UPPER EXTREMITY

Positive Rent test and limited range of motion. MRI is ordered for evaluation.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks. 1

Orthopedics Approval 73221 MRI JOINT OF UPPER EXTREMITY

Post seizure weakness is of concern for significant cuff tear in left shoulder and cuff re-tear of right shoulder.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Very nice 45-year-old underwent repair of very large right rotator cuff tear 3 months ago. He had recovered quite nicely in and resumed work without difficulty. I had discussed precautions at work with him. He finished his normal work day 4 days ago witho 2

Orthopedics Approval 73221 MRI JOINT OF UPPER EXTREMITY

Post seizure weakness is of concern for significant cuff tear in left shoulder and cuff re-tear of right shoulder. &xOD; &xOD; bilateral shoulder weakness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
pt had mva 14.17, + hawkins + cross chest adduction, r/o cuff tear.; the requested study is a shoulder mri.; the pain is from a recent injury.; it is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; the request is for shoulder pain.; there is a suspicion of tendon, ligament, rotator cuff injury or labral tear. reaching out to pick something up is a problem. activities such as driving bother him. he is able to reach the lumbar spine but this causes a pulling sensation in his anterior shoulder, he can reach overhead but only with pain. dr ball felt his symptom; the requested study is a shoulder mri.; the pain is described as chronic; the request is for shoulder pain.; it is not known if the physician has directed conservative treatment for the past 6 weeks.

right shoulder demonstrates tenderness over the ac joint, positive cross body adduction test, positive o'brien's; the requested study is a shoulder mri.; the pain is not from a recent injury, old injury, chronic pain or a mass.; the request is for shoulder pain.

right shoulder pain after a fall while working on the tow boats in late 2014. pt has pain at night. some associated numbness and tingling in the hand going up the arm. pt had a mri on this shoulder in 2015 and was told at that time he had just sprained/s; the requested study is a shoulder mri.; the pain is from an old injury.; the request is for shoulder pain.; the physician has not directed conservative treatment for the past 6 weeks.

rotator cuff tear; the requested study is a shoulder mri.; the pain is described as chronic; the request is for shoulder pain.; the physician has directed conservative treatment for the past 6 weeks.; it is not known if the patient has completed 6 weeks of physical therapy?; the patient has been treated with medication.; it is not known if the patient has completed 6 weeks or more of chiropractic care.; the physician has directed a home exercise program for at least 6 weeks.; the home treatment did include exercise, prescription medication and follow‐up office visits.; nsaids, muscle relaxants and hep for 6 months; the patient received oral analgesics.

rt shoulder pain for several weeks, + cross chest adduction, + neer's, speed's test positive, leaning towards diagnosis of cuff tear; the requested study is a shoulder mri.; the pain is described as chronic; the request is for shoulder pain.; the physician has directed conservative treatment for the past 6 weeks.; the patient has not completed 6 weeks of physical therapy?; the patient has been treated with medication.; the patient has not completed 6 weeks or more of chiropractic care.; it is not known if the physician has directed a home exercise program for at least 6 weeks.; the patient received oral analgesics.

rtc tear. mva 9/28/15 has bothered her for 2 years.
symptoms: pain, numbness, tingling in arms, crepitus, decreased mobility, joint instability, joint locking, joint tenderness, popping, weakness. physical exam: bilat strength decreased. bilat positives haw; one of the studies being ordered is a breast mri, ct colonoscopy, ebcg, mrs, pet scan, or unlisted ct/mri.
She returns today for recheck of her right shoulder pain. She reports minimal improvement since starting physical therapy. She continues to have substantial catching. She also describes episodes circumferential nondermatomal weakness in the right shoul; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/1/17; There has been treatment or conservative therapy.; right shoulder pain, weakness; She reports minimal improvement since starting physical therapy. This has not improved despite rest, physical therapy, or anti-inflammator; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Since he has failed conservative treatment I think he should have an MRI performed. We will order that and see him back once it is completed.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear. Surgery not scheduled but will be once we get a confirmation through MRI that it is a left distal biceps rupture Surgery will be scheduled right away.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.

The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI; This study is requested for evaluation of wrist pain.

The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI; This study is requested for evaluation of wrist pain.

The patient does have a biceps rupture. The patient does have atrophy of the supraspinatus and infraspinatus. The patient does have SA crepitation. The patient does have pain with range of motion. The patient does have pain with strength testing.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; Mobic; The patient received medication other than joint injections(s) or oral analgesics.
The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.";

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.";

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.";

The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.";

62-year-old known to me from previous open left rotator cuff surgery years ago fell on her dominant right shoulder 2 weeks ago at home. Severe pain and some weakness since. She felt to have before meals sprain in the ER and sling was applied. Denies pri

Acute, severe onset of R shoulder pain. Examination shows a Positive Hawkins Impingement, Kim Test Positive. O'Brien Positive. Significant tenderness to palpation at the biceps groove with tenderness at the greater tuberosity, AC joint and posterior joi

Impingement provocative positions. cuff generates less than expected force on super spinatus testing and is very painful. She has some prominence at the A.C. joint but no instability

Pain and weakness in the right shoulder. Patient has completed physical therapy but is not doing any better. He has a positive Jobe Impingement, positive Hawkins Impingement.

Patient is unable to elevate her shoulder. Severe pain with extremes of abduction, Hawkins test is positive, Neers test is positive. Patient has a probable torn rotator cuff..
The requested study is a Shoulder MRI; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; possible rotator cuff tear. Pain for over a year.

The requested study is a Shoulder MRI; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Pt complaining of L shoulder pain for several months. difficulty raising overhead, and radiating to her elbow. painful at night.

The requested study is a Shoulder MRI; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Referred here today for right shoulder pain. He has had right shoulder pain for the last couple of years. He has had 2 previous C-spine surgeries which have relieved some of his radicular arm pain. He just moved from New York. He had an MRI one year ago.

The requested study is a Shoulder MRI; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Right shoulder demonstrates tenderness over the AC joint, positive cross body adduction test, positive O'Brien

The requested study is a Shoulder MRI; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; shoulder exam

The requested study is a Shoulder MRI; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; shoulder pain chronic.

The requested study is a Shoulder MRI; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Shoulder pain has persisted for the last 5 or 6 months. Diclofenac helps but only temporarily. He had left shoulder arthroscopic cuff repair from near complete tear by me last year as well as large SLAP repair done 17 months ago. In recent months he's had.

The requested study is a Shoulder MRI; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; suspected rotator cuff tear.

The requested study is a Shoulder MRI; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment;

The requested study is a Shoulder MRI; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment; &lt;Enter answer here - or Type In Unknown If No Info Given. &gt;

The requested study is a Shoulder MRI; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment; Chronic right shoulder pain for greater than one year.
The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Doctor suspect Labral Tear / RCT

He does not remember a specific history of trauma. He is complaining of significant weakness in his left shoulder

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; Patient had a fall onto the right shoulder

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; She has had left shoulder pain on and off for years but the pain has worsened in the past 3 weeks. She has tried conservative treatment of heat, rest and Tylenol without relief. X-rays were negative from orthopedic standpoint. Cross arm test is positive for

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; It is not known if the patient has completed and failed a course of conservative treatment.; She has right shoulder pain on and off for years but the pain has worsened in the past 3 weeks. She has tried conservative treatment of heat, rest and Tylenol without relief. X-rays were negative from orthopedic standpoint. Cross arm test is positive for

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; 11.17.17 pt was cleaning off the kitchen table and she tripped over a dog and fell onto the shoulder. concern for acute rotator cuff tear AC joint compression + and Hawkins +
The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; 11.9.17 pt had football injury and fell onto outstretched arm, subluxation

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; INJURY 11/28/17 LIFTING WORKING OUT. SYMPTOMS: PAIN, NUMBNESS, TINGLING IN ARM, CREPITUS, JOINT INSTABILITY, JOINT LOCKING, POPPING, SPASMS. LIMITED ROM. STABILIT/LAXITY-ANTERIOR APPEHENSION-LEFT POSITIVE. RELOCATION- LEFT - POSITIVE. 12/12/17 XRAY- NORMA

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Patient has deficits in or problems with: pain, decreased function

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Pt has pain with crossover testing, some weakness with supraspinatus isolation testing, pain with impingement testing, and pain with direct palpitation over the a.c. joint

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Reginald Blanton is a 52-year-old with complaints of bilateral shoulder pain, left greater than right. &x0D;&x0D; Past medical history and review of systems: Hypertension, GERD, history of peptic ulcer, obesity &x0D;&x0D; Allergies: Ibuprofen &x0D;&x0D; Blood pressure

The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; It is not known if the patient is experiencing joint locking or instability.; The patient has a documented limited range of motion on physical examination. &x0D;&x0D; The patient is NOT experiencing joint locking or instability.; The patient does not have a documented limited range of motion on physical examination.
The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were normal.; There are documented findings of pain.; It is not known if there are documented findings of crepitus.; It is not known if there are documented findings of swelling.; It is not known if the patient is experiencing joint locking or instability.; It is not known if the patient has a documented limited range of motion on physical examination.

The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The plain films were not normal.  

The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; The patient has had recent plain films of the shoulder.; The results of the plain films is not known.; It is not known if the patient is experiencing joint locking or instability.; The patient has a documented limited range of motion on physical examination.  

The requested study is a Shoulder MRI.; Study being ordered for post-operative evaluation.; The ordering physician is an orthopedist.  

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation.; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; Adhesive capsulitis left shoulder which at this point is quite chronic for this individual. His functional loss of motion is quite debilitating. I think this individual is probably going to require an arthroscopic capsulotomy.  

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation.; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; He reports his pain began after he was throwing a rag ball when he felt numbness and pain radiate down the arm. &RxOD; He complains of numbness and tingling in the hand that comes and goes, the numbness is worse at night. He reports he has had some pain prior to this event.  

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation.; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; LEFT shoulder pain secondary to subacromial impingement/bursitis/tendonitis and possible RCT; LEFT shoulder pain secondary to subacromial impingement/bursitis/tendonitis and possible RCT; LEFT shoulder pain secondary to subacromial impingement/bursitis/tendonitis and possible RCT; LEFT shoulder pain secondary to subacromial impingement/bursitis/tendonitis and possible RCT; Glenohumeral arthritis, Mild AC joint arthritis, and a Type 2 acromion. LEFT shoulder pain secondary to subacromial impingement/bursitis/&RxOD; tendonitis. Need an MRI to R/O RCT.
The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; Outside x-rays RT shoulder show non displaced clavicle fracture and minimally displaced scapula fracture. MRI to R/O labral tear vs. RCT and follow up with results. Pt to continue sling until f/u. Steroid DP and Mobic prescribed.

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; Pt points to the anterior shoulder and down under the arm along the chest wall as her most painful area. She reports not being able to push a door open, or reach back behind without significant pain. She uses Voltaren Gel, and states it helps some. Pt is

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; Pt reports some pain at night when laying on the shoulder. No associated numbness and tingling. No previous surgeries or problems with this shoulder. He reports for a time after the accident, he was unable to raise the arm. He notes some feelings of insta

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; RIGHT shoulder pain since June 2017. No specific injury. Pt reports pain at night. No associated numbness and tingling. No previous surgeries or problems with this shoulder. Pt points to the anterior shoulder as the area of most pain. The pain is describ

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; Significant pain in her right shoulder. X-ray of the right shoulder show &x0D; a-c arthritis and subacromial spurring, with a probable rotator cuff tear. Additionally there is biceps tendinitis present.

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The pain is described as sharp, achy pain that is constant and varies from 4-8 out of 10 in severity. &x0D; The pain is worse with overhead activity and reaching behind and better with rest and medications. Pt reports he has had steroid injections before. Pt

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The pain is worse with lifting heavy objects and better with rest and medications. &x0D; She reports the past injections have helped some. &x0D; No medications. Her previous MRI showed a partial RCT.
The requested study is a Shoulder MRI; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; This left him dangling using his left arm for suspension support. He is been having substantial pain and soreness in the anterior lateral aspect of his left shoulder since that time. This man notes he is unable to do any weight workouts secondary to sev.

The requested study is a Shoulder MRI; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery; "This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; This young lady describes a snapping sensation she gets around her coracoid process on an occasional basis. She cannot recall any specific problem that causes this. She denies any trauma with the right shoulder. She rates her pain 8 on a 10 point scale.

The requested study is a Shoulder MRI; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery; It is not known if the study is for pre-operative planning; &lt;Enter answer here - or Type In Unknown If No Info Given.&gt; 1

The requested study is a Shoulder MRI; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery; It is not known if the study is for pre-operative planning; on his non contrast MRI the radiologist reported some irritation of the glenoïd and suggested an MRI with contrast to delineate this further.

The requested study is a Shoulder MRI; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery; 5

The requested study is a Shoulder MRI; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery; 2

The requested study is a Shoulder MRI; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery; continues with shoulder pain, positive neer and jobe, eval for surgery.

The requested study is a Shoulder MRI; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery; Description: moderate, severe and intermittent; Quality: burning, sharp and stabbing; Location: diffuse; Exacerbating factors: Overhead activities, lifting; Alleviating factors/Previous Non surgical Treatment: RICE, otc meds, HEP, RX meds yes, PT yes, injec.

The requested study is a Shoulder MRI; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery; Dr. Johnson is afraid patient has torn her rotator cuff. Patient can not raise her arm due to pain. Dr. Johnson thinks she has either a partial or full thickness tear of her rotator cuff. Needing an MRI to confirm this.

The requested study is a Shoulder MRI; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery; Dr. Johnson thinks this patient has a SLAP tear from his MVA.
The requested study is a Shoulder MRI; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery; Exam:

Orientation: Alert and oriented to person, place, time.
Mood: mood and affect well-adjusted, pleasant and cooperative, appropriate for clinical and encounter circumstances.

Appearance: well developed and nourished.
LN Exam: 1

If indicated by MRI, patient will proceed with Rotator Cuff Repair.

laberal tear, and glenoid dysplasia and ossification.

Possible rupture of biceps tendon

right shoulder reveal; AP film shows a normal positioned humeral head with Severe acromioclavicular degenerative changes.
Outlet reveals a type 2 acromion. no
The requested study is a Shoulder MRI; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery; possible rotator cuff tear, popping, locking and instability.

Possible rupture of biceps tendon

The patient has history of right shoulder arthroscopy with the compression of subacromial space September 22, 2017. She did well in the postoperative period with physical therapy and enjoyed relief of shoulder pain. However the patient:

The requested study is a Shoulder MRI; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery; Right shoulder pain: The patient has history of right shoulder arthroscopy with the compression of subacromial space September 22, 2017. She did well in the postoperative period with physical therapy and enjoyed relief of shoulder pain. However the patient:

The requested study is a Shoulder MRI; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery; Right shoulder pain: The patient is a 43-year-old male presenting with right shoulder pain after a fall sustained on November 18, 2017. Apparently he was getting out of the bathtub slipped on a wet surface falling injuring right shoulder. Later examiniation

The patient has one week old injury where he felt a pop and now has a bicep deformity

Patient has pain when lifting his arm up. Has failed NSAIDS

The patient has tried AC injections and couple months ago however pain/problem with shoulder continues. Pt has been on pain meds Tramadol and Flexeril 12+ weeks with no relief. MRI needed to assess and treat

The patient is a 43-year-old male presenting with right shoulder pain after a fall sustained on November 18, 2017. Apparently he was getting out of the bathtub slipped on a wet surface falling injuring right shoulder. Later examination

The requested study is a Shoulder MRI; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery; Positive jobe, neer, and crossover adduction. Three views obtained in our office today of the right shoulder reveal; AP film shows a normal positioned humeral head with Severe acromioclavicular degenerative changes.
Outlet reveals a type 2 acromion. no
The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Rotator Cuff tear. Surgery will be performed if indicated by MRI.  

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Shoulder pain worried he could have a labral tear limited ROM. 

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Suspected full thickness rotator cuff tear needs MRI to diagnosis and treat failed all other care he can barely move arm so he cant do PT anymore and he has a positive empty can sign severe pain subscapularis weakness. 

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Suspected Rotator Cuff Tear. 

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; torn rotator cuff repair. 

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; XRAY normal. avoid aggressive factors. positive sign for instability. adhesion test cuase. abduction, with internal rotation cuases pain. flexion with internal rotation cuases pain. shoulder abduction 4-5 tenderness is present interior acromial border. u 

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.). "This study is being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is not being ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; &lt; Enter answer here - or Type In Unknown if No Info Given. &gt; 

The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; The patient has had recent plain films of the shoulder.; The plain films were not normal. 

The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The patient has had recent plain films of the shoulder.; The plain films were normal.; The patient has not had a recent CT of the shoulder. 

The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy? 

The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has completed 6 weeks or more of Chiropractic care.; ; The patient received medication other than joint injections(s) or oral analgesics.
The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient has completed 6 weeks or more of Chiropractic care.; The patient received oral analgesics.

The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.

The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy.

The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient has completed 6 weeks or more of Chiropractic care.; MOBIT; The patient received medication other than joint injection(s) or oral analgesics.

The requested study is a Shoulder MRI.; This study being ordered for suspected aseptic necrosis.; The patient has had recent plain films of the shoulder.; The plain films were not normal.; LEFT SHOULDER PAIN WITH ABNORMAL XRAY CONSISTENT WITH AVASCULAR NECROSIS, EVAL TO SEE HOW EXTENSIVE AND APPROPRIATE SURGICAL PROCEDURE FOR REPAIR

There is pain that radiates down into the deltoid insertion if No Info Given. Some degree of crepitus is noted as well by the patient when they range their right arm.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.
This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.
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This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.
This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.
This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.

This study is not being ordered by an operating surgeon for pre-operative planning.

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.
This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.
This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.
This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.

This patient is seen today for their initial evaluation of right shoulder pain approximately 2 weeks ago this woman experienced the acute onset of pain and soreness in her right shoulder. She felt a popping sensation. She is been unable to lift the arm; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.

Unknown; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; prednisone , naproxen, ibuprofen; The patient received medication other than joint injections(s) or oral analgesics.

Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11-10-17&x0D; 54-year-old white male in today for his shoulders. He reports she has had years of episodic shoulder pain. He has pain during the day with overhead activities and also has night pain. The pain is primarily anterior and lateral. He takes Mobic an; There has been treatment or conservative therapy.; Years of episodic shoulder pain. Pain during the day with overhead activities, night pain. Pain with compression testing. Tenderness in coracoacromial arch and AC joint bilaterally.; Mobic, Steroid injection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Procedure Description</th>
<th>Details</th>
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<tbody>
<tr>
<td>73221</td>
<td>MRI JOINT OF UPPER EXTREMITY</td>
<td>unknown; This study is being ordered for trauma or injury; 8/25/2017; There has been treatment or conservative therapy; knee pain, LROM, fully extend the knee, swelling, shoulder pain LROM; medication, PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<tr>
<td>73700</td>
<td>CT LEG OR LOWER EXTREMITY</td>
<td>8/25/17; There has been treatment or conservative therapy; knee pain, LROM, fully extend the knee, swelling, shoulder pain LROM; medication, PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<tr>
<td>73700</td>
<td>CT LEG OR LOWER EXTREMITY</td>
<td>7/18/17; There has been treatment or conservative therapy; pain aching pain, locking, stiffness; physical therapy, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<tr>
<td>73700</td>
<td>CT LEG OR LOWER EXTREMITY</td>
<td>10/11/2017; There has been treatment or conservative therapy; bilateral severe constant popping stabbing pain, pain with range of motion on bilateral hips; non weight-bearing activity, home exercises, heat, nsaids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<tr>
<td>73700</td>
<td>CT LEG OR LOWER EXTREMITY</td>
<td>Mr. Godwin is a 59 year old male unemployed gentleman referred by Dr. Darren Malike for evaluation of bilateral knee pain. He had an injury in 2008 after a fall while doing masonry. He did not have to miss work after this accident. He has had problems sin; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/27/2017 - bilateral, bilateral, tricompartmental, significant, varus.; There has been treatment or conservative therapy.; Mr. Godwin is a 59 year old male unemployed gentleman referred by Dr. Darren Malike for evaluation of bilateral knee pain. He had an injury in 2008 after a fall while doing masonry. He did not have to miss work after this accident. He has had problems sin; Mr. Godwin is a 59 year old male unemployed gentleman referred by Dr. Darren Malike for evaluation of bilateral knee pain. He had an injury in 2008 after a fall while doing masonry. He did not have to miss work after this accident. He has had problems sin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>Mr. Godwin is a 59 year old male unemployed gentleman referred by Dr. Darren Malike for evaluation of bilateral knee pain. He had an injury in 2008 after a fall while doing masonry. He did not have to miss work after this accident. He has had problems sin; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Osteoarthritis of knee - Onset: 09/27/2017 - bilateral, tricompartmental, significant, varus.; There has been treatment or conservative therapy.; Mr. Godwin is a 59 year old male unemployed gentleman referred by Dr. Darren Malike for evaluation of bilateral knee pain. He had an injury in 2008 after a fall while doing masonry. He did not have to miss work after this accident. He has had problems sin; Mr. Godwin is a 59 year old male unemployed gentleman referred by Dr. Darren Malike for evaluation of bilateral knee pain. He had an injury in 2008 after a fall while doing masonry. He did not have to miss work after this accident. He has had problems sin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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</table>
Ms. Brown is a 59 year old female who returns for followup of nonoperative treatment of bilateral knee arthritis where she has tricompartmental degeneration and varus malalignment. She returns after injection and therapy. Her swelling is improved but; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.

There has been treatment or conservative therapy.; Ms. Brown is a 58 year old female training director for nursing homes referred by Dr. Paulus for bilateral knee pain left greater than right. She has had a popping sensation.; Medications;

- Advil 200 mg tablet
  - Take 1 tablet(s) every 6 hours by oral route.
- Black cohosh 40 mg tablet
  - Take by oral route.
- Cinnamon 500 mg capsule
  - Take 2 capsule(s)

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

- 2 Orthopedics Approval 73700 CT LEG OR LOWER EXTREMITY
  - This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT

- 22 Orthopedics Approval 73700 CT LEG OR LOWER EXTREMITY
  - This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT

- 4 Orthopedics Approval 73700 CT LEG OR LOWER EXTREMITY
  - This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; Yes this is a request for a Diagnostic CT

- 11 Orthopedics Approval 73700 CT LEG OR LOWER EXTREMITY
  - This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT

- 2 Orthopedics Approval 73700 CT LEG OR LOWER EXTREMITY
  - This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT

- 1 Orthopedics Approval 73700 CT LEG OR LOWER EXTREMITY
  - This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT
This is a request for a foot CT.; The patient has not used a cane or crutches for greater than four weeks.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT

This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT

This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; Yes this is a request for a Diagnostic CT

This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT

This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT

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<th>Orthopedics</th>
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<td>73700 CT LEG OR LOWER EXTREMITY</td>
<td>This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; &quot;There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;&quot; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT</td>
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<tr>
<td>73700 CT LEG OR LOWER EXTREMITY</td>
<td>This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>73700 CT LEG OR LOWER EXTREMITY</td>
<td>This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>73700 CT LEG OR LOWER EXTREMITY</td>
<td>This is a request for an ankle CT.; &quot;There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.;&quot; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT</td>
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<td>73700 CT LEG OR LOWER EXTREMITY</td>
<td>This is a request for an ankle CT.; &quot;There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.;&quot; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an ankle CT.; &quot;There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.;&quot; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient has had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT</td>
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<td>This is an ankle CT.; The patient has not a history of new onset of severe pain in the ankle within the last two weeks.; The patient has not had an abnormal plain film study of the ankle other than arthritis.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT</td>
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<td>73700 CT LEG OR LOWER EXTREMITY</td>
<td>This is not a preoperative or recent postoperative evaluation.; There is not a suspicion of a lower extremity neoplasm, tumor or metastasis.; There is not a suspicion of lower extremity bone or joint infection.; There is a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT</td>
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This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is a request for a Knee CT.; Yes this is a request for a Diagnostic CT.

Patient has had MRI on 9/6/17 which was unremarkable.

There is not a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT.; Yes this is a request for a Diagnostic CT.

"There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.".; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; BILATERAL ANKLE PAIN; This is a request for a bilateral ankle MRI.

"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.".; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; MRI bilateral ankles rule out mass lesions on tarsal tunnel.; This is a request for a bilateral ankle MRI.

One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; There is no suspected meniscus, pre-op or post-op evaluation, non-acute Chronic Pain, suspected tumor or Aseptic Necrosis; There is no symptom of locking, Instability, Swelling, Redness, Limited range of motion or pain.

This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; This is a request for a Knee CT.; Yes this is a request for a Diagnostic CT.

No, patient has not completed and failed a course of conservative treatment.
This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Right shoulder pain, Limited ROM, stiffness, popping, knee pain, popping, Locking, stiffness.; Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Knee 12/18/2015, shoulder 8/9/2017.; There has been treatment or conservative therapy.; Shoulder and arm pain, worse on movement, pain radiates from lateral shoulder to arm. No improvement with anti-inflammatory; Injection for right knee; steroid injection and ice for shoulder; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Knee 12/18/2015, shoulder 8/9/2017.; There has been treatment or conservative therapy.; Shoulder and arm pain, worse on movement, pain radiates from lateral shoulder to arm. No improvement with anti-inflammatory; Injection for right knee; steroid injection and ice for shoulder; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for trauma or injury.; 10/11/2017; There has not been any treatment or conservative therapy.; pain and popping in shoulder in shoulder and knee.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for known fracture.; The study is NOT being ordered for a routine follow up or for a possible non union fracture.

This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is NOT being ordered for a routine follow up or for a possible non union fracture.

This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for acute pain.
This is a request for a Knee MRI.; The study is requested for knee pain.;
The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; The patient received oral analgesics.

This is a request for a Knee MRI.; The study is requested for knee pain.;
The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; It is not known if the patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.

This is a request for a Knee MRI.; The study is requested for knee pain.;
The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.;
It is not known if surgery or arthroscopy is scheduled in the next 4 weeks.

This is a request for a Knee MRI.; The study is requested for knee pain.;
The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.;
Surgery or arthroscopy is not scheduled in the next 4 weeks.

This is a request for a Knee MRI.; The study is requested for knee pain.;
The pain is not from a recent injury, old injury, chronic pain or a mass.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

10-23-17:
HPI: This patient returns today for follow-up again for her left knee.
I've seen her in the past for this knee and felt like she had some patellofemoral symptoms and a contusion of the knee. She was treated with anti-inflammatories and physical; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

11.28.17 pt was playing with her son and she twisted her knee. still having knee pain w instability, medial joint line pain, medial McMurray's, eval for meniscal tear or MCL sprain.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not known if surgery or arthroscopy is scheduled in the next 4 weeks.

48 yo male with acute on chronic left knee pain after new injury. Based on his history and exam today, I am concerned for meniscal tear. He did not respond to conservative measures with CSI and PT. Will obtain MRI for further evaluation and have him follow; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.
abnormal malformation of lower limbs; This study is being ordered for Congenital Anomaly.; 2016; There has not been any treatment or conservative therapy.; difficulty walking; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Chief complaint: New problem of recurrent locking both knees 65‐year‐old jujitsu instructor well known to me from knee surgeries. Had ACL reconstruction right knee 6 years ago with partial medial meniscectomy. Left knee ACL reconstructed by me 9 years ago with partial medial meniscectomy. Left knee ACL reconstructed by me; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Chronic left foot pain status post injury 6 months ago with no improvement despite shoe wear changes and orthotics; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with orthotics for at least 6 weeks.

Continued pain after conservative treatment; This study is being ordered for trauma or injury; 8/17/2017; There has been treatment or conservative therapy.; Pain; Physical therapy prescribed by PCP and NSAIDs.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

decreased range of motion, Atrophy, positive McMurrays; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.

exam is consistent with anterolateral impingement of the right ankle. My opinion is repeat MRI to rule out osteochondral lesion prior to ankle arthroscopy. MRI of the right ankle, follow up afterwards. Likely will plan for arthroscopy, debridement, syno; This is a request for an Ankle MRI.; It is not known if surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.

History of Present Illness;&x0D;&x0D; The patient is a right handed 28 year old male seen today for the right knee. There is no pain present. He describes the symptoms as sharp. The symptoms come and go. Since the onset, he reports the problem is getting better. Th; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.
I have told her that likely her symptoms are related to her flatfoot. My recommendation is meloxicam and comfortotic insoles. We will have her wear them for a month and then report back to us. If they are helpful we will ask for custom-made orthotics. This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.

Knee pain and a sclerotic lesion in the lateral aspect of the tibial epiphysis. Subsequent scans and MRI scan showed abnormalities. Some evidence for Osgood Slaughter, the pain in the leg persisted. He is on anti-inflammatories.; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is an orthopedist.; There is no suspected meniscus, pre-op or post-op evaluation, non-acute Chronic Pain, suspected tumor or Aseptic Necrosis; There is no symptom of locking, Instability, Swelling, Redness, Limited range of motion or pain.

Melissa is here today with swollen left knee. She reports she tripped and fell onto hard surface 2 days ago. Landed on knees. Left knee has pain and swelling has steadily worsened. Was seen at Mercy Ozark ER yesterday. X-ray revealed effusion but no fx.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

MRI needed to determine if surgery is needed d/t injury.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

None; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.

None; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

Obese and has ankle pain; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.

of recommended repeat MRI evaluation of the left foot to evaluate the cuneiforms and cuboid as well as 1st metatarsal base for stress reaction versus stress fracture. Stay immobilized in the boot to light for MRI. I do not anticipate this will require s; This study is being ordered for trauma or injury. 08/2017; It is not known if there has been any treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Pain in LT Ankle; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; It is not known if there is a suspicion of tendon or ligament injury.

Pain with passive dorsiflexion of the L ankle. Mild irregularities noted with palpation over the Achilles tendon. Large effusion is present in the posterior aspect of the heel.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.

Patient has a positive McMurrays and effusion present in knee. Straight leg raise is not possible without pain.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass. Persistent pain for the pass 6 weeks, knee brace; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.

Possible meniscus tear in knee; This is a request for a Knee MRI.; The study is requested for knee pain.; The patient has an old injury.; The physician has not directed conservative treatment for the past 6 weeks.

Pt complains of locking and catching to the knee. The pain is described as a sharp pain to the medial aspect of the knee. The pain is worse with walking and better with rest. Pt is also 2 years s/p ACLR on 9/25/15. No medications are noted. &x003D; Mild pain w. This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks. Pt had an accident in July; had surgery on the left femur; had PT and HE for the femur, but now the knee is starting to hurt. Had a Lt grade 3 open femur Fx with an external fixation; open reduction internal fixation; RT lower extremity vascular repair fr; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.

Pt has ankle pain; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.

Pt in a boot walker. Pt is still having RT ankle pain. Risks and benefits were discussed and sterile technique was used to inject 1 cc of Betamethasone and 1 cc of Lidocaine. into the LT ankle for an ankle sprain. Patient tolerated the procedure well.; This is a request for an Ankle MRI.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.
Pt. has L knee pain. She is having more medial joint space pain, as well as, catching and popping in the knee with ambulation. She has failed physical therapy and medicines are not helping. This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.

Right knee pain. Possible medial meniscus tear. Date of injury 11/11/2017. He states he had a large effusion after his first injury. He tells me he was getting up from a squatted position while hunting. After this he rested the knee for several weeks. It;

This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

Right knee pain. The patient is a 23-year-old male who presents with insidious onset of right knee pain. There is no history of injury. The patient suddenly awoke one morning with knee pain. He does have history of previous Ewings sarcoma. But has been;

This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury, old injury, chronic pain or a mass.

Ro infection of knee; This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; The patient has not had a recent bone scan.; The plain films were normal.; There are no documented physical or laboratory findings of a joint infection.; Known or Suspected Joint Infection

Rule out a meniscal tear or other that will require a knee arthroscopy. Surgery will not be scheduled until confirmation with MRI of need for a knee arthroscopy.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

She is a 32-year-old, black female, status post left ankle twisting injury years ago. It has been progressively more sore and tender and starting to hurt at night now. She is having to wear a boot to get around;

This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has surgery planned.; The study is requested for a reason other than ankle pain.

She is having Right knee pain, redness, bruising, swelling, limping, popping, weakness and giving way. The problem started after an injury on 10-10-2017. Patient states she got into a four wheeler accident and it rolled. She jumped off it and the four whe;

This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

Tenderness to palpation about the peroneal muscle distribution lateral lower legs bilaterally. Has increased pain with eversion and external rotation of the feet against resistance bilaterally. STILL HAVING PROBLEMS EVEN AFTER PT AND NSAIDS; This study is being ordered for trauma or injury.; ABOUT9-4-17, 4-5 WEEKS AGO; There has been treatment or conservative therapy.; Tenderness to palpation about the peroneal muscle distribution lateral lower legs bilaterally. Has increased pain with eversion and external rotation of the feet against resistance bilaterally.; NSAIDS, PHYSICAL THERAPY.; One of the studies being ordered is NOT A Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
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<td>The patient has tried a brace with no relief and has had Bi Lat knee scopes no known injuries. The pain is sharp; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days.</td>
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<td>The patient is a right handed 56 year old male seen today for the right knee. Pain is moderate with a rating of 7/10. He describes the symptoms as sharp and stabbing. The symptoms come and go. Since the onset, he reports the problem is getting worse. The.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; PREDNISONE 10 MG PO&amp;HOD; HYDRO/APAP 7.5/325 MG PO; The patient received medication other than joint injections(s) or oral analgesics. The patient returns today for follow up. There has been no changes in the current symptoms. Pain is severe with a rating of 9/10. There has been no change in the character or location of the problem. There are no new symptoms or accompaniments. STATES KNE; This is a request for a Knee MRI.; Suspected Aseptic Necrosis; Yes, the patient had recent plain films or bone scan of the knee.; No, the plain films/scans are not normal.</td>
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<td>The pt fell and slipped on her knee on a watery surface medial knee pain and weakness getting up from chairs; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is not a suspected meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.</td>
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<td>This is a request for a foot MRI.; &quot;There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.&quot;; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.</td>
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This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.

This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.

This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.

This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.

This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.

This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.
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<td>This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with immobilization for at least 6 weeks.</td>
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<td>This is a request for a Knee MRI.; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Locking</td>
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<td>This is a request for a Knee MRI.; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Swelling greater than 3 days</td>
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<td>This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.;; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.</td>
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</tr>
</tbody>
</table>
This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; This study is not being ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days
This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammator medications
This is a request for a Knee MRI.; The study is not requested for knee pain.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscope is scheduled in the next 4 weeks. ; The member has a recent injury.
This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has completed 6 weeks or more of Chiropractic care.; The patient received oral analgesics.
This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has completed 6 weeks or more of Chiropractic care.; hydrocodone; The patient received medication other than joint injection(s) or oral analgesics.
This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for follow-up.; The study is not requested to detect residual cancer after a course of treatment has been completed?; The patient is presenting with unresolved or new symptoms
This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscope is scheduled in the next 4 weeks.
This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?
This is a request for a Knee MRI.; This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury; This is a request for a Knee MRI.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Limited range of motion

This is a request for a Knee MRI.; This study is being ordered prior to arthroscopic surgery.; This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.).; The ordering physician is an orthopedist.; Pre-operative Evaluation; Instability

This is a request for a Knee MRI.; This study is not being ordered prior to arthroscopic surgery.; This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.).; The ordering physician is an orthopedist.; Pre-operative Evaluation; Instability

This is a request for a Knee MRI.; This study is being ordered prior to arthroscopic surgery.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Swelling greater than 3 days

This is a request for a Knee MRI.; This study is not being ordered prior to arthroscopic surgery.; This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.).; The ordering physician is an orthopedist.; Pre-operative Evaluation; Instability

This is a request for a Knee MRI.; This study is not being ordered prior to arthroscopic surgery.; This study is not being ordered prior to a planned or scheduled open surgery (joint replacement, etc.).; The ordering physician is an orthopedist.; Pre-operative Evaluation; Instability

This is a request for a lower extremity MRI.; There is a pulsatile mass.; There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI.; There is a suspicion of an infection.

This is a request for a lower extremity MRI.; There is a pulsatile mass.; There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI.; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.

This is a request for a lower extremity MRI.; This is not a pulsatile mass.; There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI.; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.

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This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is taking antibiotics.; This is a study for a fracture which does not show healing (non-union fracture).

This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.

This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a suspected tarsal coalition.

This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.

This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient has a documented limitation of their range of motion.

This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.
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Orthopedics Approval 73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.

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This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient has a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.

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This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.
This is a request for an Ankle MRI.; “There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.”; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is being ordered by the operating surgeon for pre-operative planning.

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<table>
<thead>
<tr>
<th>Date</th>
<th>Orthopedics</th>
<th>Approval</th>
<th>Study Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/12/17</td>
<td></td>
<td></td>
<td>This is a request for an Ankle MRI.; There is a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.</td>
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<tr>
<td>7/12/17</td>
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<td></td>
<td>This is to determine if he has a meniscus tear which would require surgery.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.</td>
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<tr>
<td>7/12/17</td>
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<td>This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not known if surgery or arthroscopy is scheduled in the next 4 weeks.</td>
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<tr>
<td>7/12/17</td>
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<td>Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/2017; There has been treatment or conservative therapy.; Medial and lateral pain in her knee, painful walking, trouble getting up and down.; OTC pain relievers, and some physical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td></td>
<td>Unknown; This study is being ordered for trauma or injury.; 8/25/2017; There has been treatment or conservative therapy.; knee pain, LROM, fully extend the knee, swelling, shoulder pain LROM.; medication, PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>Unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/2017; There has been treatment or conservative therapy.; Medial and lateral pain in her knee, painful walking, trouble getting up and down.; OTC pain relievers, and some physical therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>7/12/17</td>
<td></td>
<td></td>
<td>Unknown; This study is being ordered for trauma or injury.; Fell off a roof on 5/6/17.; It is not known if there has been any treatment or conservative therapy.; RT knee pain, RIGHT knee sprain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>Unknown; This study is being ordered for trauma or injury.; Fell off a roof on 5/6/17.; It is not known if there has been any treatment or conservative therapy.; RT knee pain, RIGHT knee sprain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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</table>
X-ray: Standing AP, lateral, and merchant views of the left and right knees were obtained in the office today. These show irregular lucency in medial femoral condyle bilaterally. Bilateral knee pain, possible OCD. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Appx 2 years.; There has been treatment or conservative therapy.; Constant aching pain in both knees. Occasional limping with pain. Pain going up and down stairs.; Rest. No longer playing baseball. Ibuprofen; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This is a requests for a hip MRI.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.; The request is for hip pain. &lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt;Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt;Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This is a requests for a hip MRI.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.; The request is for hip pain. &lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/1/17; There has been treatment or conservative therapy.; Pain, tenderness; Injections, PT, Chiro Care, Medication, HEP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This is a requests for a hip MRI.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.; The request is for hip pain.
This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Chronic pain with increased pain with fall on 09/11/17; There has been treatment or conservative therapy.; NSAIDS, oral narcotics; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

10-10-17: 58-year-old white male in today for his right hip. He had the onset of right hip pain in May when he misstepped. He identifies pain as being lateral and anterior. He says prolonged sitting is uncomfortable. Walking is also painful. He has not h.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Right hip pain, lateral and anterior. Prolonged sitting is uncomfortable. Walking is also painful. He has not h.; There has been treatment or conservative therapy.; Right hip pain, lateral and anterior. Prolonged sitting is uncomfortable. Walking is painful.; Treatment/Conservative Therapy: Mobic, IM injections, fluoroscopically guided steroid hip injections, Celebrex; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Cam lesions noted on x-rays. MR arthrogram ordered to evaluate for labral tear in bilateral hips.; This study is being ordered for Congenital Anomaly.; 1 year-12/1/2016; There has been treatment or conservative therapy.; pain with motion, and night time pain.; anti-inflammatory, activity modification, rest, and therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Continued pain after conservative treatment; This study is being ordered for trauma or injury.; 8/17/2017; There has been treatment or conservative therapy.; Pain; Physical therapy prescribed by PCP and NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Patient comes in complaining of left hip and left knee pain. I think most left knee pains radiating from the left hip. X-rays show severe degeneration of the left hip knee x-rays and spine x-rays look good. We are going to set him up for a steroid injection.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/20/17; There has been treatment or conservative therapy.; Patient comes in complaining of left hip and left knee pain. I think most left knee pains radiating from the left hip. X-rays show severe degeneration of the left hip knee x-rays and spine x-rays look good. We are going to set him up for a steroid injection.

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Questionable osteomyelitis of right iliac wing with ileo psoas abscess per MRI. See Infectious Disease notes about patient's recent admission to the Med Center for septic shock. He was in renal failure therefore unable to get MRI with contrast. Osteomy; This study is being ordered for Inflammatory/ Infectious Disease.; 10/6/17; There has been treatment or conservative therapy.; He returns in f/u of MRSA bacteremia and septic hip and iliacus osteomyelitis. He was in hospital from 8/26/17 to 9/8/17. He completed 6 wks of IV vancomycin on 10/8/17 with complication of redman Sx requiring his daily dose of vancomycin to infuse over; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a requests for a hip MRI.; Surgery or arthroscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; The hip pain is due to a recent injury.; The request is for hip pain.

This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.

This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.; The patient is receiving long-term steroid therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.

This is a requests for a hip MRI.; This study is being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.
This is a request for a hip MRI; This study is being ordered in conjunction with a pelvic MRI; There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.; There is not a suspicion of AVN.; The patient is receiving long-term steroid therapy (Prednisone or Cortisone); The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient has a documented limitation of their range of motion.  

This is a request for a hip MRI; This study is not being ordered in conjunction with a pelvic MRI.; There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.; There is a suspicion of AVN.; This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone); The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.  

This is a request for a hip MRI; This study is not being ordered in conjunction with a pelvic MRI.; There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.; There is a suspicion of AVN.; This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone); The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.  

This is a request for a hip MRI; This study is not being ordered in conjunction with a pelvic MRI.; There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.; There is a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone); The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion.
This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is no a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient does not have a documented limitation of their range of motion.

This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is no a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.

This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is no a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.

This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; There is a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion.
This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone); The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient has a documented limitation of their range of motion. 4

This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone); The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion. 1

This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone); The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion. 6

This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone); The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion. 4
This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone); The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.

This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone); The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.

This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;" There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone); The patient has an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.
This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steroid therapy (Prednisone or Cortisone); The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.

This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steroid therapy (Prednisone or Cortisone); The patient had an abnormal plain film study of the hip other than arthritis.; The patient does not have a documented limitation of their range of motion.

This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is receiving long-term steroid therapy (Prednisone or Cortisone); The patient has a documented limitation of their range of motion.

Medical Decision Making
X-ray Interpretation
AP and lateral x-ray of the lumbar spine ordered, obtained, and interpreted today reveals fairly well maintained alignment. There may be some subtle anterolisthesis L4-5. There may be transitional anatomy.; This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; There is no recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; There are no physical findings or lab results indicating an intra-abdominal bleed.; Yes this is a request for a Diagnostic CT

This is a request for CT Angiography of the Abdomen and Pelvis.
This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT
This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made); This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.

Neck pain x 3 months with numbness and tingling into extremities. no improvement with conservative treatment; "This is a request for orbit, face, or neck soft tissue MRI.239.8"; The reason for the study is not for trauma, infection, cancer, mass, tumor, pre or post-operative evaluation

1. Adjacent segment degenerative disc disease, C6-7, with axial neck pain and right shoulder and arm radiculopathy.
2. Status post C4-5 and C5-6 ACDF on 3/14/14; large disc protrusion, C4-5 the spinal cord impingement and early cervical myelopathy; April 2014; There has not been any treatment or conservative therapy.; He presents to the clinic today with approximately 6-month history of neck pain, radiating into the right shoulder and down into the elbow. He also complains of right-sided low back pain, with occasional radiating pain into the right leg, down to the foot; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

AP lateral cervical spine films obtained today and personally reviewed show normal alignment. There is disc space narrowing and degenerative change at C5-6, and a little more so at C6-7. &lt;Enter answer here - or Type In Unknown If No Info Given.&gt; ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/26/17; It is not known if there has been any treatment or conservative therapy.; scoliosis, alternating hemiplegia; One of the studies being ordered is NOT a Chest CT, Thoracic CT, Cervical CT, Brain CT, Brain MRI, or Neck MRI.239.8; The reason for the study is not for trauma, infection, cancer, mass, tumor, pre or post-operative evaluation; Yes this is a request for a Diagnostic CT

1. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/26/17; It is not known if there has been any treatment or conservative therapy.; scoliosis, alternating hemiplegia; One of the studies being ordered is NOT a Chest CT, Thoracic CT, Cervical CT, Brain CT, Brain MRI, or Neck MRI.239.8; The reason for the study is not for trauma, infection, cancer, mass, tumor, pre or post-operative evaluation; Yes this is a request for a Diagnostic CT

PARSONAGE; TURNER SYNDROME; This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc...; This is a request for a chest MRI
Her symptoms sound mostly like a facet problem. The tingling in the back of her head that comes up from her neck sounds like a greater occipital nerve irritation, so the problem may actually be at the Cl-2 level. CT is the best way to evaluate that, so we;

This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT;
There is no reason why the patient cannot have a Cervical Spine MRI.

It is not known if the patient has any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.

This is a 41-year-old woman who has a mild scoliotic deformity, leg length discrepancy, and a left head tilt. While it is correctable, it is causing her some element of discomfort so I would like to work up her head-tilt a bit further with a CT scan of her; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI.

This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/26/17; It is not known if there has been any treatment or conservative therapy.; scoliosis, alternating hemiplegia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

X-ray Interpretation

MRI lumbar spine performed at St. Vincent 11/9/17. Pedicle screws seen L1, T12, T11. No disc bulging or herniation. Conus medullaris is normal. Disc height and disc signal maintained. Otherwise normal. Imaging reviewed, there a; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT.

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/26/17; It is not known if there has been any treatment or conservative therapy.; scoliosis, alternating hemiplegia; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
AP and lateral x-ray of the lumbar spine ordered, obtained, and interpreted today reveals no change in position or alignment of the implants. X-rays look okay. Flattening through L4-S level. Unchanged from previous x-rays.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/5/17; There has been treatment or conservative therapy.; 50-year-old female status post L4-S fusion. Over last month she is having progressive left buttock and leg pain. It bothers her at night. Neurontin does help.; We discussed increasing Neurontin dose.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT

This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT

unknown; This study is being ordered for a neurological disorder.; 03/09/2017; There has been treatment or conservative therapy.; numbness, tingling and weakness in bilateral arms; OP therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; shoulder and the right arm; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; right arm weakness going down into right hand; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

This is a request for cervical spine MRI; None of the above; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; WEAK GRIP; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.
Orthopedics Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

&Ilt;Enter answer here - or Type Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3-6 months ago; There has been treatment or conservative therapy.; To improve function; There is pain when moving the neck and arm. No improvement with anti-inflammatory.; Injection for right knee; steroid injection and ice for shoulder; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Orthopedics Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

&Ilt;Enter answer here - or Type Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Knee 12/18/2015, shoulder 8/9/2017; There has been treatment or conservative therapy.; Shoulder and arm pain, worse on movement, pain radiates from lateral shoulder to arm. No improvement with anti-inflammatory.; Injection for right knee; steroid injection and ice for shoulder; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Orthopedics Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

&Ilt;Enter answer here - or Type Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/06/2017; There has been treatment or conservative therapy.; generalized pain upper back and shoulder areas; Pain Meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Orthopedics Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.;

Orthopedics Disapproval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Cervical spine range of motion is limited due to pain. Bilateral upper extremities show normal sensation and motor function. Normal reflexes, negative Hoffman’s. Spurling's difficult due to stiffness. Muscular tightness of the right trapezius limiting &amp;##x0D; &amp;##x0D; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.;
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Radiology Services Denied

Not Medically Necessary

Orthopedics Disapproval

1. Adjacent segment degenerative disc disease, C6-7, with axial neck pain and right shoulder and arm radiculopathy.
2. Status post C4-5 and C5-6 ACDF on 3/14/14; large disc protrusion, C4-5 the spinal cord impingement and early cervical myelopathy.
3. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.

APRIL 2014; There has not been any treatment or conservative therapy. He presents to the clinic today with approximately 6-month history of neck pain, radiating into the right shoulder and down into the elbow. He also complains of right-sided low back pain, with occasional radiating pain into the right leg, down to the foot.

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

11.17.17 seat belted passenger in MVA, rt shoulder and neck pain, rt paraspinal tenderness. This is a request for cervical spine MRI; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms; There is weakness; 11.17.17 seat belted passenger in MVA, rt shoulder and neck pain, rt paraspinal tenderness; The patient does not have new signs or symptoms of bladder or bowel dysfunction; There is not x-ray evidence of a recent cervical spine fracture.

Cervical pain with radiculopathy; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks; The patient has not seen the doctor more than once for these symptoms.

Chronic pain in R shoulder and cervical radiculopathy; This study is being ordered for trauma or injury; 11/01/2017; There has been treatment or conservative therapy; Instability of R Shoulder joint; Cervical Radiculopathy; Patient has done home exercises with no good results as well as nsaids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Evaluate for cervical rib, parathesia present; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms; There is weakness; Positive right sign with loss of radio pulse and multiple trigger points in the periscapular area; The patient does not have new signs or symptoms of bladder or bowel dysfunction; There is not x-ray evidence of a recent cervical spine fracture.
further evaluation for disc extrusion; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt has neurological weakness decreased sensation of the arm, fingers; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Having left arm pain and tingling down to hand. Has had steroid injection to left shoulder and a steroid dose pack which has not helped.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.; It is not known if the patient had six weeks of Chiropractic care related to this episode.;

Mr. Martin is back today in follow-up of neck and lower back pain. &lt;#x0D;&gt; &lt;#x0D;&gt; He has pain in both hands and also some numbness. Both of those symptoms seem to be gradually getting worse. &lt;#x0D;&gt; &lt;#x0D;&gt; He has stiffness in both his neck and his lower back. He has a lot of.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Cervical and lumbar stenosis. He symptoms may have worsened, but his exam is still negative. He is also having more difficulty walking and he is at the point where he feels like he needs to have a handicap parking sticker.; There has been treatment or conservative therapy.; Mr. Martin is back today in follow-up of neck and lower back pain. &lt;#x0D;&gt; &lt;#x0D;&gt; He has pain in both hands and also some numbness. Both of those symptoms seem to be gradually getting worse. &lt;#x0D;&gt; &lt;#x0D;&gt; He has stiffness in both his neck and his lower back. He has a lot of.; Meloxicam; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Numbness and tingling in the right hand. Patient takes Mobic, MRI shows moderate AC joint arthritis, and rotator cuff tendonitis with questionable RCT. Patient reports injection on 9/29/17 was no significant help. Patient reports having a lot of pain at t; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Patient has ongoing pain that radiates out of neck down through the shoulder on down the arm. He has had previous surgery on right shoulder. Failed conservative treatment; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.

Positive Spurling Testing From ER: 3 views LT shoulder show no glenohumeral arthritis, minimal AC joint arthritis, and type 3 acromion.&lt;nOD&gt; 3 views C/Spine show DDD at C5/C6.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Pt had injury in may and is still having neck pain and left shoulder and arm pain despite nsaids and PT.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

Pt has persistant severe pain in neck upper and lower back with radiculopathy to the upper and lower extremeties. Symptoms aggravated by going up or down stairs, bending, coughing, lifting, pushing, standing and walking. Symptoms include decreased mobil; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/29/16; There has been treatment or conservative therapy.; Severe persistant pain in neck, upper and lower back with radiculopathy. Pt has decreased mobility, tenderness and weakness in the back/neck; medications, lifestyle modification and spinal exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Right shoulder pain with radiculopathy and loss of strength that radiates from Neck down to fingers. over 8 weeks of conservative treatment consisting of meloxicam, Physical therapy, Home exercises, steroid injection, and change in activity level has no; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness when grasping despite over 8 weeks over conservative care.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.
rt shoulder pain and radiculopathy x 1 year. neck pain w paraspinal muscle
tenderness; This is a request for cervical spine MRI; Neurological deficits; The patient
does have new or changing neurologic signs or symptoms.; There is no weakness or
reflex abnormality.; The patient does not have new signs or symptoms of bladder or
bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.
Severe degenerative changes, C4-5, C5-6, L3-4, L4-5, S1 with spinal stenosis.&amp;rsquo;D;
&amp;rsquo;D; Bilateral facet blocks C4-5, C5-6, occital nerve; This study is being ordered for
something other than: known trauma or injury, metastatic disease, a neurological
disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;
10/02/2011; There has been treatment or conservative therapy.; Severe lower back
and mid back pain with radiculopathy to the shoulders and legs.; Pt has failed 6 weeks
of conservative therapy to include: Physical Therapy, medications and steroid
injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy,
EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT
Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation
Oncology

She has pain with numbness and tingling and has tried multiple injections into the
neck with no relief. MRI is ordered of the cervical spine and lumbar spine for
evaluation.; This study is being ordered for something other than: known trauma or
injury, metastatic disease, a neurological disorder, inflammatory or infectious disease,
congenital anomaly, or vascular disease.; 2015; There has been treatment or
conservative therapy.; Neck pain, lower back pain, radiculopathy into the left upper
extremity, numbness and tingling.; She has been getting injections in the neck and
taking pain medications.; One of the studies being ordered is NOT a Breast MRI, CT
Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is
NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation
Oncology

The patient has not failed a course of anti-inflammatory medication or steroids.; This
is a request for cervical spine MRI; It is not known if there has been a supervised trial
of conservative management for at least six weeks.; Acute or Chronic neck and/or
back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a
documented evidence of extremity weakness on physical examination.; No, there is
no evidence of recent development of unilateral muscle wasting.; It is not known if
this patient had a recent course of supervised physical Therapy.; No, the patient did
not have six weeks of Chiropractic care related to this episode.; His rheumatoid
arthritis is under good control. He does have mild degenerative changes in the
cervical spine concerning for impingement. We'll send for MRI of the cervical spine.
EMG nerve conduction study of the left upper extremity. Her on gabapentin 30

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The
patient does not have new or changing neurologic signs or symptoms.; The patient
has had back pain for over 4 weeks.; The patient has seen the doctor more then once
for these symptoms.; The physician has directed conservative treatment for the past 6
weeks.; The patient has completed 6 weeks of physical therapy?

This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is
experiencing or presenting new symptoms of upper extremity weakness.
This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical therapy.

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Ms. Lejeune is a 56-year-old woman seen today in evaluation of neck pain. Today she says that she began having problems a couple of years ago. She ultimately got better without doing anything, but she her symptoms returned and she continues to have pr

UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2012; There has been treatment or conservative therapy.; PAIN AT THE AC JOINT WITH SWELLING, NECK AND SCALPULAR PAIN; SURGERY IN 2012 AND PHYSICAL THERAPY ON AND OFF SINCE THEN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.

This study is being ordered for a thoracic spine MRI.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

It is not known if there are documented findings of immune system suppression.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.

It is not known if there are documented findings of immune system suppression.; This is a request for a thoracic spine MRI.; The patient is not experiencing back pain associated with abdominal pain.; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits. ; Spoke with physical therapist today who states Camille is still having significant pain over the right anterolateral chest wall in the T7-T9 intercostal area. She played in a volleyball game yesterday which greatly exacerbated the symptoms. Will obtain MR
Severe degenerative changes, C4-5, C5-6, L3-4, L4-5, S1 with spinal stenosis; Bilateral facet blocks C4-5, C5-6, occiatal nerve; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/02/2011; There has been treatment or conservative therapy.; Severe lower back and mid back pain with radiculopathy to the shoulders and legs.; Pt has failed 6 weeks of conservative therapy to include: Physical Therapy, medications and steroid injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing or presenting symptoms of abnormal gait.

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.

The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.

unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/29/2017; There has been treatment or conservative therapy.; Back pain, scoliosis, degenerative disc disease; PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; bulge at L12 sharp aching throbbing diffused low back pain; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above.

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The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness and pain while walking relief by rest; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness and pain while walking relief by rest; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness and pain while walking relief by rest; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness and pain while walking relief by rest; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; weakness and pain while walking relief by rest; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Patient presents clinic today with low back pain numbness weakness in the right leg and pain in right hip. The hip pain occurred previously after he fell 2 weeks ago had quite a bit of bruising in her right leg he saw his primary provider no x-rays were; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has none of the above.; This procedure is being requested for Trauma or recent injury

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pain that stiffens her at some point where she has to get up slowly and slowly work out the stiffness. heaviness in her leg or sometimes it is both legs but more so on the right than on the left.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pain that stiffens her at some point where she has to get up slowly and slowly work out the stiffness. heaviness in her leg or sometimes it is both legs but more so on the right than on the left.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pain that stiffens her at some point where she has to get up slowly and slowly work out the stiffness. heaviness in her leg or sometimes it is both legs but more so on the right than on the left.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pain that stiffens her at some point where she has to get up slowly and slowly work out the stiffness. heaviness in her leg or sometimes it is both legs but more so on the right than on the left.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pain that stiffens her at some point where she has to get up slowly and slowly work out the stiffness. heaviness in her leg or sometimes it is both legs but more so on the right than on the left.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pain that stiffens her at some point where she has to get up slowly and slowly work out the stiffness. heaviness in her leg or sometimes it is both legs but more so on the right than on the left.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pain that stiffens her at some point where she has to get up slowly and slowly work out the stiffness. heaviness in her leg or sometimes it is both legs but more so on the right than on the left.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pain that stiffens her at some point where she has to get up slowly and slowly work out the stiffness. heaviness in her leg or sometimes it is both legs but more so on the right than on the left.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pain that stiffens her at some point where she has to get up slowly and slowly work out the stiffness. heaviness in her leg or sometimes it is both legs but more so on the right than on the left.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pain that stiffens her at some point where she has to get up slowly and slowly work out the stiffness. heaviness in her leg or sometimes it is both legs but more so on the right than on the left.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pain that stiffens her at some point where she has to get up slowly and slowly work out the stiffness. heaviness in her leg or sometimes it is both legs but more so on the right than on the left.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pain that stiffens her at some point where she has to get up slowly and slowly work out the stiffness. heaviness in her leg or sometimes it is both legs but more so on the right than on the left.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.
Orthopedics Disapproval
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary
; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This procedure is being requested for None of the above 1

Orthopedics Disapproval
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary
; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

Orthopedics Disapproval
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary
; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

Orthopedics Disapproval
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary
; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/05/2016; There has been treatment or conservative therapy.; Neck pain radiating to the shoulder. Upper back pain radiating to the scapula, lower back pain radiating to the legs posteriorly, chronic duration, and bone pain in the foot worse while standing.; Patient has had physical therapy, medication and multiple Lumbar epidural spinal injections with no significant relief of symptoms; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

Orthopedics Disapproval
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary
Antalgic gait favoring the affected side. Using a cane. Very slow to transition from sitting to standing. Pain reproduced in the SI joint with passive ER and IR of the hips. FABER test is positive for SI joint. AP pelvis obtained at an outside facility re; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5-29-2017; There has been treatment or conservative therapy.; The patient experiences pain, swelling, stiffness, limping, weakness and giving way; There has been no change in the symptoms with rest, anti-inflammatory medication and bracing. Anti-inflammatory medication: Ibuprofen . Brace received Cane. Patient occasionally uses shock therapy on his hips &; Tramadol &; Hydrocodone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Radiology Services Denied
Not Medically Necessary

AP and lateral x-ray of the lumbar spine ordered, obtained, and interpreted today reveals no change in position or alignment of the implants. X-rays look okay. Flattening through L4-5 level. Unchanged from previous x-rays. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease. 9/5/17; There has been treatment or conservative therapy.; 50-year-old female status post L4-5 fusion. Over last month she is having progressive left buttock and leg pain. It bothers her at night. Neurontin does help.; We discussed increasing Neurontin dose.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

He's been treated for stenosis in the past so I know he has that but the way he walks, I have to be concerned with AVN of the hips. Degenerative Disk Disease L3-L4.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5-29-2017; There has been treatment or conservative therapy.; Pain, swelling, stiffness, limping, weakness and giving way. There has been no change in the symptoms with ice, heat, rest, ibuprofen, physical therapy, lumbar injections and use of cane.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

HISTORY OF PRESENT ILLNESS: Amanda returns concerning her low back and right leg. Her pain is now radiating to the level of her toes. She reports tingling into the toes as well. The steroid dose pack failed to provide even transient relief. She rates her;

The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Range of Motion: Forward Flexion; Full with increased midline low back pain; Extension; Full extension and painless; Hip and painless; Special Tests; Sitting Straight lower back pain radiating down both legs, numbness and tingling down both legs, received injections in back with now relief, activity modification and oral medications with no relief; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.; Symmetric deep tendon reflexes and positive straight leg raise.
L-spine with herniated pulposus versus foraminal stenosis; Physical exam of her lumbar spine reveals pain and tenderness to palpation of her paraspinal muscles. She has pain with rotation and extension of her lumbar spine. Her bilateral lower extremities are; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Physical exam of her lumbar spine reveals pain and tenderness to palpation of her paraspinal muscles. She has pain with rotation and extension of her lumbar spine. Her bilateral lower extremities are neurologically intact with dorsalis pedis and posterior; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Mr. Martin is back today in follow-up of neck and lower back pain. He has pain in both hands and also some numbness. Both of those symptoms seem to be gradually getting worse. He has stiffness in both his neck and his lower back. He has a lot of; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Cervical and lumbar stenosis. He symptoms may have worsened, but his exam is still negative. He is also having more difficulty walking and he is at the point where he feels like he needs to have a handicap parking sticker.; There has been treatment or conservative therapy.; Mr. Martin is back today in follow-up of neck and lower back pain. He has pain in both hands and also some numbness. Both of those symptoms seem to be gradually getting worse. He has stiffness in both his neck and his lower back. He has a lot of; Meloxicam; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Patient reports continued pain in both knees, Patient has had injections with only 3-4 days relief, Patient reports some LBP, and bilateral LE numbness/tingling, 3 view LEFT and RIGHT; knee with minimal degenerative changes. Endobutton is in a very anteri; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
Plan: I had a long discussion with the patient today regarding his chronic pain issues. Unfortunately he had some insurance issues, so he has not been here for a few months. He reports that the last injection did not provide any relief. At this point, I; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Pt has persistent severe pain in neck upper and lower back with radiculopathy to the upper and lower extremities. Symptoms aggravated by going up or down stairs, bending, coughing, lifting, pushing, standing and walking. Symptoms include decreased mobility. This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/29/16; There has been treatment or conservative therapy.; Severe persistent pain in neck, upper and lower back with radiculopathy. Pt has decreased mobility, tenderness and weakness in the back/neck; medications, lifestyle modification and spinal exercises; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

She has been doing physical therapy, which has not helped. I discussed with her, that in order to evaluate properly, I would like to get an updated MRI of the lumbar spine, to evaluate for nerve impingement. Given the numbness in the feet, I would also; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 1. Degenerative disc disease, lumbar spine, L1-2 and L2-3, and also at L5-S1, with axial back pain and bilateral leg radiculopathy to the feet, worse on the right. 2. C5-C6 and C6-7 degenerative disc disease.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

She has pain with numbness and tingling and has tried multiple injections into the neck with no relief. MRI is ordered of the cervical spine and lumbar spine for evaluation.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2015; There has been treatment or conservative therapy.; Neck pain, lower back pain, radiculopathy into the left upper extremity, numbness and tingling.; She has been getting injections in the neck and taking pain medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Subluxation of lumbar vertebra, initial encounter; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above.
The study requested is a Lumbar Spine MRI.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; This procedure is being requested for Follow-up to surgery or fracture within the last 6 months; The patient been seen by or the ordering physician is a neuro-specialist, orthopedist, or oncologist.  

TREATMENT PLAN: Under aseptic technique, 5 cc of Lidocaine and 80 mg of Depo Medrol, lot #80529, expiration 01/2018 were placed in the left knee. For cervical and lumbar pain issues, we are going to set up with an MRI of the lumbar spine. I will see he; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)  

unknown; The study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/29/2017; There has been treatment or conservative therapy.; numbness, tingling and weakness in bilateral arms; OP therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Will fax in clinicals; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks. Worsening low back pain and worsening left-sided sciatica.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above 1 Worsening pain, difficulty ambulating; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above 1 X-ray revealed mild acetabular dysplasia. Exostosis of the right ischium. Possible chronic gluteus medius tear.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/24/2017; There has been treatment or conservative therapy.; R/O tear in hip. Pain, radiating pain. Limited range of motion with hip.; Steroids, anti-inflammatory medication and home exercises.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1 X-rays of the cervical spine AP, lateral, odontoid view were done in the clinic today, review and interpreted. The x-ray showed small straightening of the cervical lordosis with narrowing of the disc space C5-C6 in some small deformity at the superior end; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Ht, Wt, & Pulse; are reviewed on EMR intake. Patient is well developed, well nourished, and in no apparent acute distress.

Gait: Normal pattern
HEENT: Normocephalic, PERRL
Face: Symmetric
Chest: Nonlabored breathing, no audible cough
CV: No edema or v; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture. &lt;Enter answer here - or Type In Unknown If No Info Given. &gt; This is a request for a Pelvis MRI.; The request is not for any of the listed indications. 1

21-year-old male with multiple joint pains. I am seeing him for his bilateral hips today. No injury or trauma. He reports years of joint pains. Hip pain is anterior and posterior. It does not radiate down the leg. He has not had improvement with anti-inf; This is a request for a Pelvis MRI.; The request is not for any of the listed indications. ANKYLOSING; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.
Antalgic gait favoring the affected side. Using a cane. Very slow to transition from sitting to standing. Pain reproduced in the SI joint with passive ER and IR of the hips. FABER test is positive for SI joint. AP pelvis obtained at an outside facility re; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5-29-2017; There has been treatment or conservative therapy.; The patient experiences pain, swelling, stiffness, limping, weakness and giving way; There has been no change in the symptoms with rest, anti-inflammatory medication and bracing. Anti-inflammatory medication: Ibuprofen . Brace received Cane. Patient occasionally uses shock therapy on his hips &amp; Tramadol &amp; Hydrocodone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology. He's been treated for stenosis in the past so I know he has that but the way he walks, I have to be concerned with AVN of the hips.&amp; Bilateral sacroiliitis and &amp; Degenerative Disk Disease L3-L4. ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5-29-2017; There has been treatment or conservative therapy.; pain, swelling, stiffness, limping, weakness and giving way. There has been no change in the symptoms with ice, heat, rest, Ibuprofen, physical therapy, lumbar injections and use of cane.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology. Patient comes in complaining of left hip and left knee pain. I think most left knee pains radiating from the left hip. X-rays show severe degeneration of the left hip knee x-rays and spine x-rays look good. We are going to set him up for a steroid injecti; Patient comes in complaining of left hip and left knee pain. I think most left knee pains radiating from the left hip. X-rays show severe degeneration of the left hip knee x-rays and spine x-rays look good. We are going to set him up for a steroid injecti; Patient comes in complaining of left hip and left knee pain. I think most left knee pains radiating from the left hip. X-rays show severe degeneration of the left hip knee x-rays and spine x-rays look good. We are going to set him up for a steroid injecti; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology. pt. is having increased pain; pt. steroid and toradal injection; limited activities still has pain; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.
X-ray revealed mild acetabular dysplasia. Exostosis of the right ischium. Possible chronic gluteus medius tear.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/24/2017; There has been treatment or conservative therapy.; R/O tear in hip. Pain, radiating pain. Limited range of motion with hip.; Steroids, anti-inflammatory medication and home exercises.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

PATIENT HAS DIMINISHED RANGE OF MOTION INTEND TO DO LEFT TOTAL SHOULDER REPLACEMENT LOOKING AT LATER RIGHT SHOULDER TRYING TO COMPARE MORPHOLOGY COMPOUNDED BY PROBABLE ALCOHOLISM AND TOBACCO SIM; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; building over time; There has been treatment or conservative therapy.; PAIN AFFECTING SLEEP LIMITED RANGE OF MOTION EXACERBATED WITH ACTIVITY; OTC ANTI INFLAMMATORIES home therapy routine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT

The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.

The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.
Orthopedics, Disapproval

73221 MRI JOINT OF UPPER EXTREMITY
Radiology Services Denied
Not Medically Necessary

The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; HEP started 9/28/17 thru 11/28/17. continued pain in left shoulder.; The patient received oral analgesics.

Orthopedics, Disapproval

73221 MRI JOINT OF UPPER EXTREMITY
Radiology Services Denied
Not Medically Necessary

This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Orthopedics, Disapproval

73221 MRI JOINT OF UPPER EXTREMITY
Radiology Services Denied
Not Medically Necessary

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/1/2017; There has been treatment or conservative therapy.; Describe primary symptoms here - or Type In Unknown If No Info Given &gt; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Orthopedics, Disapproval

73221 MRI JOINT OF UPPER EXTREMITY
Radiology Services Denied
Not Medically Necessary

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3-6 months ago; There has been treatment or conservative therapy.; neck pain, decreased range of motion in left shoulder; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Orthopedics, Disapproval

73221 MRI JOINT OF UPPER EXTREMITY
Radiology Services Denied
Not Medically Necessary

This study is being ordered for trauma or injury.; 12/06/2017; There has been treatment or conservative therapy.; generalized pain upper back and shoulder areas; Pain Meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Orthopedics, Disapproval

73221 MRI JOINT OF UPPER EXTREMITY
Radiology Services Denied
Not Medically Necessary

Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; NSAID; The patient received medication other than joint injections(s) or oral analgesics.
Orthopedics Disapproval 73221 MRI JOINT OF UPPER EXTREMITY Radiology Services Denied Not Medically Necessary

; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.

Orthopedics Disapproval 73221 MRI JOINT OF UPPER EXTREMITY Radiology Services Denied Not Medically Necessary

; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear. Physical exam reveals that he is well-developed somewhat heavy and walks with a normal gait. Examination of his right shoulder reveals that he still has limited and weak abduction and poor external rotation. The peripheral neurovascular exam is intact.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.

Orthopedics Disapproval 73221 MRI JOINT OF UPPER EXTREMITY Radiology Services Denied Not Medically Necessary

rt shoulder pain and radiculopathy x 1 year.; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.

Orthopedics Disapproval 73221 MRI JOINT OF UPPER EXTREMITY Radiology Services Denied Not Medically Necessary

Rule out rotator cuff tears; This study is being ordered for trauma or injury.; Unknown; There has been treatment or conservative therapy.; Bilateral shoulder pain with limited abduction and flexion, internal and external rotation.; Steroids and hydrocodone; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Orthopedics Disapproval 73221 MRI JOINT OF UPPER EXTREMITY Radiology Services Denied Not Medically Necessary

Shoulder pain, labral tear suspected, xray negative; This study is being ordered for trauma or injury.; 11/2017; There has not been any treatment or conservative therapy.; Shoulder pain, labral tear suspected, xray negative&amp;#x0026;&amp;#x0000F0;Did; &amp;#x0000F0;CHRONIC PAIN LIMITED ROM; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Orthopedics Disapproval 73221 MRI JOINT OF UPPER EXTREMITY Radiology Services Denied Not Medically Necessary

tenderness at ac joint, painful ROM, pain affecting daily living, + speeds, + Hawkins, adhesive capsulitis; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.

Orthopedics Disapproval 73221 MRI JOINT OF UPPER EXTREMITY Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.

Orthopedics Disapproval 73221 MRI JOINT OF UPPER EXTREMITY Radiology Services Denied Not Medically Necessary

The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?
This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.

unknown; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks.

UNKNOWN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2012; There has been treatment or conservative therapy.; PAIN AT THE AC JOINT WITH SWELLING, NECK AND SCALPULAR PAIN; SURGERY IN 2012 AND PHYSICAL THERAPY ON AND OFF SINCE THEN; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

xrays are abnormal, right shoulder suspicious for rotator cuff tear. left elbow suspicious for aforementioned on physical exam notes.; This study is being ordered for a neurological disorder.; one month ago. August 26, 2017; There has been treatment or conservative therapy.; right shoulder pain with weakness and pain when trying to raise arm above head, trouble sleeping, positive empty can test. difficulty with range of motion, tender to palpitation, swelling, no internal rotation, positive belly press test, positive Yeargu; RICE. NSAIDS, steroid Injection.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; “There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.”; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or clutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT
Orthopedics Disapproval

| 73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT | Radiology Services Denied Not Medically Necessary |

This is a request for a Knee MRI; The study is requested for knee pain; The pain is from a recent injury; There is a suspicion of a meniscus, tendon, or ligament injury; Surgery or arthroscopy is not scheduled in the next 4 weeks.

1

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 09/25/2017; There has been treatment or conservative therapy; a lot of pain, limited ROM; using a walker, on Fentanyl; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

1

Evaluate for re-injury, recent fall after knee arthroscopy 08/04/17; This is a request for a Knee MRI; The study is requested for knee pain; The pain is from a recent injury; There is a suspicion of a meniscus, tendon, or ligament injury; Surgery or arthroscopy is not scheduled in the next 4 weeks.

1

Impression: Chronic right knee pain recalcitrant to conservative therapies, recalcitrant to a home exercise program, even with oral medications that she has already been on for her neck and other medical reasons did not completely rid her of her pain and; This is a request for a Knee MRI; The study is requested for knee pain; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.

1

Left medial knee pain with effusion, questionable medial meniscus tear; This is a request for a Knee MRI; The study is requested for knee pain; The pain is from a recent injury; There is a suspicion of a meniscus, tendon, or ligament injury; Surgery or arthroscopy is not scheduled in the next 4 weeks.

1

left medial knee pain with effusion, questionable medial meniscus tear; This is a request for a Knee MRI; The study is requested for knee pain; The pain is from a recent injury; There is a suspicion of a meniscus, tendon, or ligament injury; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.

1

LOOSE BODY IN RT ANKLE; This is a request for an Ankle MRI; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain; There is a suspicion of tendon or ligament injury.

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Ms. Marshall is a 43 year old female who comes on follow up. She has a positive RF and ANA of questionable significance, fibromyalgia, OA knees, and trochanteric bursitis. She reports that she is doing well overall. However, she has continued shoulder and; This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.

Ongoing ankle pain after ankle injury worried she could have a ligament tear. she has failed activity modification, anti inflammatory medication. xrays are negative and he would to get a mri to make sure there is not a ligament or tendon tear.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.

Patient comes in today for a follow-up and complaining on his left knee pain. His date of injury 10/3/2017. He has a history of left knee ACL reconstruction in 2014. He does not show much complaining of instability but pain in his knee. He also complains ; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

Patient reports continued pain in both knees, Patient has had injections with only 3-4 days relief, Patient reports some LBP, and bilateral LE numbness/tingling, 3 view LEFT and RIGHT knee with minimal degenerative changes. Endobutton is in a very anteri; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

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The patient has continued right foot pain with no relief from pain medication and orthotics.; This is a request for a foot MRI.; The study is being ordered for foot pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.

Patient is having continued left ankle pain. Ankle pain presented 2 months ago with no known injury. Patient was given an air-cast ankle brace 4 weeks ago and anti-inflammatory medication with no relief. On physical exam ROM is limited and painful Severe; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.

Patient reports continued pain in both knees, Patient has had injections with only 3-4 days relief, Patient reports some LBP, and bilateral LE numbness/tingling, 3 view LEFT and RIGHT knee with minimal degenerative changes. Endobutton is in a very anteri; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The patient has had foot pain for over 4 weeks.

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Orthopedics Disapproval

73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days.

Orthopedics Disapproval

73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT

This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy.

Orthopedics Disapproval

73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT

This is a request for a Knee MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI.;"; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture); This is not a pre-operative study for planned surgery.

Orthopedics Disapproval

73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT

This is a request for an Ankle MRI.; There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.

Orthopedics Disapproval

73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT

unknown; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 6 weeks.

Orthopedics Disapproval

73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT

X-rays show significant lateral tilt to both knees there are signs of a possible loose fragment to the left knee that appears to have come from the medial aspect of the patella. MRI has been recommend for bilateral knees for further evaluation and damage t; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
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<td>MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT</td>
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<td>74176</td>
<td>CT ABD &amp; PELVIS W/O CONTRAST</td>
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&l;Enter answer here - or Type In Unknown If No Info Given. &gt; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt;Enter date of initial onset here - or Type In Unknown If No Info Given &gt;: One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Patient comes in complaining of left hip and left knee pain. I think most left knee pains radiating from the left hip. X-rays show severe degeneration of the left hip knee x-rays and spine x-rays look good. We are going to set him up for a steroid inject; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/20/17; There has been treatment or conservative therapy.; Patient comes in complaining of left hip and left knee pain. I think most left knee pains radiating from the left hip. X-rays show severe degeneration of the left hip knee x-rays and spine x-rays look good. We are going to set him up for a steroid inject; Patient comes in complaining of left hip and left knee pain. I think most left knee pains radiating from the left hip. X-rays show severe degeneration of the left hip knee x-rays and spine x-rays look good. We are going to set him up for a steroid inject; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT.
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<td>75574 CT Angiography Heart coronary arteries, CCTA</td>
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<td>Orthopedics</td>
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<td>93307 TTHRC R-T IMG 2D +M-MODE REC COMPL</td>
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<tr>
<td>Osteopath</td>
<td>Approval</td>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
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<tr>
<td>Osteopath</td>
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<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
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<tr>
<td>Osteopath</td>
<td>Approval</td>
<td>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td>Radiology Services Denied Not Medically Necessary</td>
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<td>Osteopath</td>
<td>Approval</td>
<td>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
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<td>Osteopath</td>
<td>Disapproval</td>
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<tr>
<td>Osteopath</td>
<td>Disapproval</td>
<td>74150 CT ABDOMEN WITHOUT CONTRAST</td>
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<td>Other</td>
<td>Approval</td>
<td>70336 MRI TEMPROMANDIBULAR JOINT, TMJ, JAW JOINT</td>
<td>Radiology Services Denied Not Medically Necessary</td>
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This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT.; This request is for a Coronary CT Angiography study.; It is not known if patient did not have a Nuclear Cardiology study within the past six months.; Ultrasound showed left sublavian stenosis.; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown. numbnness in right leg right leg pain had 6 weeks of back exercises with no improvement.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture. The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection. This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days.; This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture); This is not a pre-operative study for planned surgery. worsening neck pain and limited range of motion; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture. R/O NEORLOGIL BACK PROBLEMS; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain.; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture. &lt;Enter answer here - or Type In Unknown If No Info Given. &gt;This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &lt;hD; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &lt;hD; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT. This is a request for a temporomandibular joint MRI.
<table>
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<tr>
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<td>70540 MRI ORBIT/FACE/NECK W/O DYE</td>
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<tr>
<td>Other</td>
<td>Approval</td>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
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<tr>
<td>Other</td>
<td>Approval</td>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
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</table>

Fell and hit her head and blacked out, memory loss.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; This headache is not described as sudden, severe or chronic recurring.

"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT

"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT

"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; Yes this is a request for a Diagnostic CT

Temporomandibular joint internal derangement; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT

This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT

This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT

"This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;; There has not been any treatment or conservative therapy.; Pt has visual field loss with severe headaches.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.
This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient is experiencing fatigue or malaise.

This study is being ordered for a diagnostic CT. This study is being ordered for a Neurological disorder; There has been treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD’s specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for a diagnostic CT. This study is being ordered for a Neurological disorder; There has been treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD’s specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

PT started, not been able to tolerate due to increased pain, tried NSAIDS, heat/ice, bed rest and no relief; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness; Weakness in bilateral lower extremities; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality

72196 MRI PELVIS

This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.

73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT

History of Present Illness: Subjective: Patient returns again for post-op evaluation excision of right foot soft tissue mass and resection of bone spur with craterization. DOS: 9/8/17. She states that the pain has become progressively worse. No changes in.; This is a request for a foot MRI.; Surgery or other intervention is not planned for in the next 4 weeks.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis. Patient relates spraining her ankle May of this year. She states RICE therapy, use of aircast walking boot, and ankle brace with continued pain. She relates continued pain and swelling in the ankle since injury.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.

73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT

This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Abscess.; Yes this is a request for a Diagnostic CT.

74150 CT ABDOMEN WITHOUT CONTRAST

This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Abscess.; Yes this is a request for a Diagnostic CT

74176 CT ABD & PELVIS W/O CONTRAST

Calculus of kidney; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed a Kidney/Renal cyst(s); Yes this is a request for a Diagnostic CT.
Pt has abdominal pain and microscopic hematuria; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.

This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).

This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.

This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.

This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT

; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; Pt has visual field loss with severe headaches.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; &lt;Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt;Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

MVA, rear ended, numbness/tingling after MVA; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; L upper numbness/tingling; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.;

unknown; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.

This study requested is a Lumbar Spine MRI; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Yes, this is a request for CT Angiography of the lower extremity.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt;Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt;Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);. This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.

This is a request for a brain/head CT.; It is unknown if the study is being requested for evaluation of a headache.; The patient has hearing loss.; The patient had an audiogram.; The results of the audiogram were abnormal.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, infection or inflammation, multiple sclerosis or seizures.

This is a request for orbit,sella, int. auditory canal, temporal bone, mastoid, CT.

There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct.

There is not a history of serious head or skull, trauma or injury.ostct.

There is not suspicion of neoplasm, or metastasis.ostct.

This is a preoperative or recent postoperative evaluation.

This is a request for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.

There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct.

There is not a history of serious head or skull, trauma or injury.ostct.

There is not suspicion of neoplasm, or metastasis.ostct.

This is not a preoperative or recent postoperative evaluation.; There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct.

There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct.; There is not a history of serious head or skull, trauma or injury.ostct.;

There is not suspicion of neoplasm, or metastasis.ostct.

This is a request for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.

There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct.; There is not a history of serious head or skull, trauma or injury.ostct.;

There is not suspicion of neoplasm, or metastasis.ostct.
This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8; There is suspicion of bone infection, cholesteatoma, or inflammatory disease.

Very tender left mastoid tip hard 1 cm node, 2.5 cm very tender right area III node; This study is being ordered for inflammatory/infectious disease.

Yes this is a request for a Diagnostic CT

This request is for face, jaw, mandible CT.239.8; There is not a history of serious facial bone or skull trauma or injury.

This request is for face, jaw, mandible CT.239.8; There is not a suspicion of neoplasm, tumor or metastasis.

This request is for face, jaw, mandible CT.239.8; There is not a suspicion of bone infection, osteomyelitis.

This request is for face, jaw, mandible CT.239.8; There is not a history of serious facial bone or skull trauma or injury.

This request is for face, jaw, mandible CT.239.8; There is not a suspicion of neoplasm, tumor or metastasis.

This request is for face, jaw, mandible CT.239.8; There is not a history of serious facial bone or skull trauma or injury.

This request is for face, jaw, mandible CT.239.8; There is not a suspicion of bone infection, osteomyelitis.

This request is for face, jaw, mandible CT.239.8; There is not a history of serious facial bone or skull trauma or injury.

This request is for face, jaw, mandible CT.239.8; There is not a suspicion of neoplasm, tumor or metastasis.

This request is for face, jaw, mandible CT.239.8; There is not a history of serious facial bone or skull trauma or injury.

This request is for face, jaw, mandible CT.239.8; There is not a suspicion of bone infection, osteomyelitis.

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This request is for face, jaw, mandible CT.239.8; There is not a suspicion of neoplasm, tumor or metastasis.

This request is for face, jaw, mandible CT.239.8; There is not a history of serious facial bone or skull trauma or injury.

This request is for face, jaw, mandible CT.239.8; There is not a suspicion of bone infection, osteomyelitis.

This request is for face, jaw, mandible CT.239.8; There is not a history of serious facial bone or skull trauma or injury.

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This request is for face, jaw, mandible CT.239.8; There is not a suspicion of bone infection, osteomyelitis.

This request is for face, jaw, mandible CT.239.8; There is not a history of serious facial bone or skull trauma or injury.

This request is for face, jaw, mandible CT.239.8; There is not a suspicion of neoplasm, tumor or metastasis.

This request is for face, jaw, mandible CT.239.8; There is not a history of serious facial bone or skull trauma or injury.
This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT

This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); Yes this is a request for a Diagnostic CT; It has been less than 28 days since onset

This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT

28 year old female presents for frequent sinus infections. She has had 4-6 sinus infections in the past 6 months. She denies any use of antibiotics, steroid nasal sprays, or antihistamines. She was given a Decadron in injection during her last office visit; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT

Decreased sense of smell, taste and nasal obstruction x 20 years. DNS to left and bilateral polyp tissue noted on intranasal exam with np scope.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT

Evaluate sinus. He says he has a constant had sinus infection in the last year. He has been treated with amoxicillin. He complains of PPP, PND, nasal congestion and headaches. He denies a nasal preference and he denies a previous nasal fracture. He ha; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT
He has had sinus congestion and pressure off and on for several years. He has greenish yellow mucus almost every morning. He has been on 4 abx with some improvement but symptoms will recur.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT

He is here today for evaluation of nasal congestion. He has trouble breathing through his nose, which is worse at night. He uses a CPAP machine. He has facial pain and pressure, nasal drainage and congestion. He gets better with antibiotics but sym; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient’s current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT

Headache, loss of smell; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT

Medically necessity needing anesthesia; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT

PAIN IN RIGHT NERVE AREA; “This request is for face, jaw, mandible CT.239.8”; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT

PATIENT IS SICK ALL THE TIME AND HAS BEEN ON MEDICATIONS; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient’s current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT
Patient suffers frequent (5-6) sinus infections per year for years and typically severe with bad headache, foul drainage, clogging of ears-most often worse symptoms on her left; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT.

Patient with over one month headaches, nausea, sinus pressure, ear pressure, no improvement on sinus and migraine meds. &\textsuperscript{10D}; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT.

Pt has lot of sinus issues, feels like nose clogged, she has sinus pressure and she is having drainage; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); Yes this is a request for a Diagnostic CT.

Pt was given cefdinir but worsened and given levaquin.&\textsuperscript{10D}; Ear pain, dizziness, imbalance but no vertigo. Facial pain, headaches, recurrent bouts of sinusitis and bronchitis, cannot blow nose, pt smokes and intolerant to steroids. Mucus in nose, septum twist; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of treatment; Yes this is a request for a Diagnostic CT.

She states that she is having nasal congestion, rhinorrhea, ears stay stopped up, cough. She states that she has pressure in her ears. She does get muffled hearing. She used to take allergy shots. She does take Zyrtec D and Flonase nasal steroid spray. This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient’s current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT.

Sinuitis, congestion, watery rhinorrhea w headaches, stuffy and ringing ears, takes monthly IVIG &\textsuperscript{10D}; hx leukemia CLL.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
sore throat, cough, headaches, runny nose and neck pain.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; No specific date given by patient. She says she has had problems since a child and the problems are becoming worse and have worsened over the past 2 weeks.; There has been treatment or conservative therapy.; ear pain, ear drainage ear swollen shut, swallowing problems and hearing loss; She has had many different antibiotics and ear drops.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT

This is a request for a Sinus CT.; This study is being ordered for follow-up to trauma.; Yes this is a request for a Diagnostic CT

This is a request for a Sinus CT.; This study is being ordered for post-operative evaluation.; Yes this is a request for a Diagnostic CT

This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT

This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been less than 14 days since onset; Yes this is a request for a Diagnostic CT

This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT

This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT
This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset; Yes this is a request for a Diagnostic CT 2

This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT 69

This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT 26

This study is being ordered for a known or suspected tumor.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT 4

This study is being ordered for post-operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT 2

This study is being ordered for pre-operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT 14

This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT 3

This study is being ordered for sinusitis.; This is a request for a Sinus CT.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT 1

This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT 8

This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT 28

This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT 5
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Approval</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST</td>
<td>Otolaryngology Approval</td>
<td>Trouble breathing through nose C/o trouble breathing through nose his whole life. Pt states that he has allergies that he used to take allergy shots for, spring is the worst time of the year for him. Pt states that he has been seeing his dentist [Dr. Sar]; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
</tr>
<tr>
<td>70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST</td>
<td>Otolaryngology Approval</td>
<td>unknown; This study is being ordered for Inflammatory/Infectious Disease.; 11/01/2017; There has been treatment or conservative therapy.; pain; blurred vision; sinusitis; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
</tr>
<tr>
<td>70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST</td>
<td>Otolaryngology Approval</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given.&gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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<td>70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST</td>
<td>Otolaryngology Approval</td>
<td>; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; It is unknown if a fine needle aspirate was done.; Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST</td>
<td>Otolaryngology Approval</td>
<td>; This is a request for neck soft tissue CT.; The patient has NOT been diagnosed with cancer.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was done.; Yes this is a request for a Diagnostic CT.</td>
</tr>
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<td>70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST</td>
<td>Otolaryngology Approval</td>
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<tr>
<td>70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST</td>
<td>Otolaryngology Approval</td>
<td>feels like throat is closing and having difficulty breathing; This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT.</td>
</tr>
</tbody>
</table>
History of total thyroidectomy. Postsurgical hypothyroid.

Bilateral neck pain with intermittent swallowing difficulty and intermittent voice change. The neck pain has been an overriding and persistent problem on both the right and left sides. Given; 

This is a request for neck soft tissue CT.; 

The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abscess or a pre-operative evaluation.; 

Yes this is a request for a Diagnostic CT

70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST

Invasive well differentiated squamous cell carcinoma.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

mass greater than 5 wks, steroids & med no improvement, family hx of lymphoma, tender to touch; This is a request for neck soft tissue CT.; 

The patient has a neck lump or mass.; 

There is a palpable neck mass or lump.; 

The neck mass is larger than 1 cm.; 

A fine needle aspirate was NOT done.; 

Yes this is a request for a Diagnostic CT

70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST

pt has left neck mass near carotid bulb; This is a request for neck soft tissue CT.; 

The patient has a neck lump or mass.; 

There is a palpable neck mass or lump.; 

The neck mass is larger than 1 cm.; 

A fine needle aspirate was NOT done.; 

Yes this is a request for a Diagnostic CT

70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST

R/O neck mass; This is a request for neck soft tissue CT.; 

It is not known if there is a palpable neck mass or lump.; 

Yes this is a request for a Diagnostic CT

70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST

This is a request for neck soft tissue CT.; 

It is unknown if there has been recent trauma or other injury to the neck.; 

It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; 

It is unknown if there is a suspicion of an infection or abscess.; 

This is being ordered by an ENT specialist.; 

Yes this is a request for a Diagnostic CT

70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST

This is a request for neck soft tissue CT.; 

It is unknown if there has been recent trauma or other injury to the neck.; 

There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; 

Yes this is a request for a Diagnostic CT

70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST

This is a request for neck soft tissue CT.; 

Surgery is scheduled within the next 30 days.; 

The study is being ordered as a pre-operative evaluation.; 

Yes this is a request for a Diagnostic CT
This is a request for neck soft tissue CT.; The patient has been diagnosed with cancer.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; Yes this is a request for a Diagnostic CT

This is a request for neck soft tissue CT.; There has been recent trauma or other injury to the neck.; Yes this is a request for a Diagnostic CT

This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.; Yes this is a request for a Diagnostic CT

This is a request for neck soft tissue CT.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT

This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT

Trouble breathing through nose C/o trouble breathing through nose his whole life. Pt states that he has allergies that he used to take allergy shots for, spring is the worst time of the year for him. Pt states that he has been seeing his dentist (Dr. Sar; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 11/01/2017; There has been treatment or conservative therapy.; pain; blurred vision; sinusitis; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

voice started becoming horas and has carsnomea; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

\&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

"This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for suspicion of neoplasm, tumor or metastasis.

"This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for the evaluation of lymphadenopathy or mass.

 Caller is by passing questions and faxing in clinical.; It is unknown if there is a suspicion of an infection or abscess.; It is unknown if this examination is being requested to evaluate lymphadenopathy or mass.; It is unknown if there is a suspicion of a bone infection (osteomyelitis).; It is unknown if there is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for a Face MRI.; It is unknown if there is a history of orbit or face trauma or injury.

 Caller is by passing questions and faxing in clinical.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown Caller is by passing questions and faxing in clinical.; It is not known if there has been any treatment or conservative therapy.; Caller is by passing questions and faxing in clinical.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

 It is unknown if there is a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for a Face MRI.; It is unknown if there is a history of orbit or face trauma or injury.

 There is a suspicion of an infection or abscess.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.

 There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury.
There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis); There is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury. This is a request for a sinus MRI.; This study is not being ordered in conjunction with a head or brain CT or MRI.; "There is not evidence of tumor from a physical exam, plain sinus film, or previous CT or MRI study."; This patient has been treated with medications for at least four weeks with no improvement.

This is a request for a sinusal MRI.; This study is not being ordered in conjunction with a head or brain CT or MRI.; "There is not evidence of tumor from a physical exam, plain sinus film, or previous CT or MRI study."; This patient has been treated with medications for at least four weeks with no improvement.

This is a request for a sinus MRI.; This study is not being ordered in conjunction with a head or brain CT or MRI.; "There is not evidence of tumor from a physical exam, plain sinus film, or previous CT or MRI study."; This patient has been treated with medications for at least four weeks with no improvement.

This is a request for a sinus MRI.; This study is not being ordered in conjunction with a head or brain CT or MRI.; "There is not evidence of tumor from a physical exam, plain sinus film, or previous CT or MRI study."; This patient has been treated with medications for at least four weeks with no improvement.

This is a request for a sinus MRI.; This study is not being ordered in conjunction with a head or brain CT or MRI.; "There is not evidence of tumor from a physical exam, plain sinus film, or previous CT or MRI study."; This patient has been treated with medications for at least four weeks with no improvement.

This is a request for a sinus MRI.; This study is not being ordered in conjunction with a head or brain CT or MRI.; "There is not evidence of tumor from a physical exam, plain sinus film, or previous CT or MRI study."; This patient has been treated with medications for at least four weeks with no improvement.

This is a request for a sinus MRI.; This study is not being ordered in conjunction with a head or brain CT or MRI.; "There is not evidence of tumor from a physical exam, plain sinus film, or previous CT or MRI study."; This patient has been treated with medications for at least four weeks with no improvement.
This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic workup done including urinalysis, electrolytes, and complete blood count with results not completed.; The patient does not have dizziness, fatigue or malaise, Bell’s Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the patient had a normal audiogram.; The patient is experiencing hearing loss.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic workup done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab tests are unknown.; The patient does NOT have dizziness, fatigue or malaise, Bell’s Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.); The doctor does not note on exam that the patient has delirium or acute altered mental status.; The patient does not have a Brain CT showing abscess, brain infection, meningitis or encephalitis.; This is NOT a Medicare member.
Otolaryngology Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are no recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.

difficulty with headaches, He has had issues with being tired and some stomach issues, pt localizes his headaches to the frontal/temporal region, onset of his headaches was years ago; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are no recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

Dizziness and giddiness; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.

ears popping/dizziness and right sided pulsatile tinnitus. eval for possible CP angle tumor/possible glomus; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; Is is not known if the patient has a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; The doctor does not note on exam that the patient has delirium or acute altered mental status.; The patient does not have a Brain CT showing abscess, brain infection, meningitis or encephalitis.; This is NOT a Medicare member.

everything was totally normal today, but because of the history of tinnitus unilaterally, right-sided facial pain and headache on the right side, we need to do an MRI scan intermittent right-sided throat pain, right-sided face pain, right-sided headache.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are no recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

Hearing Loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.

hearing issues, when in a room with background noise she feels a static rattle in her head-she localizes this to the left side primarily; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell’s Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo. Hearing Loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It is unknown why this study is being ordered.
left sided facial numbness, swelling of the left side of the face; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).

MRI Brain on 11/17 showed findings consistent with Bell's palsy with inflammation of the cranial nerve VII on the left side characterized by enhancement. An intracanalicular schwannoma of the cranial nerve VII is felt to be unlikely. Followup is recommended; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has Bell's Palsy.; It is unknown why this study is being ordered.

MRI scan of her brain just to rule out any sort of problem with the olfactory grooves such as an esthesioneuroblastoma, also make sure it is not a brain problem.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if a metabolic work up was done including urinalysis, electrolytes and complete blood count with results completed.; The patient is experiencing loss of smell.

n/a; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the patient had a normal audiogram.; The patient is experiencing hearing loss.

onset of dizziness, vertigo; spinning lasting one to two hours ...had PT for BPV tried migraine meds and steroid and otc meds; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

Parotid mass The patient is a 50 year old female with left parotid mass she first noticed this in January or February 2017. She was treated with 2 rounds of doxycycline by her PCP and 1-2 rounds of additional antibiotic by her nurse practitioner with no; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Patient of history of migraines and vertigo; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

pt has had tinnitus for the last 2 years and we need an MRI brain to rule out any tumor.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.
pt has intracranial mass and left chronic neck and ear pain; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology. Recommended MRI and MRV looking for vasculature around the ear and the upper neck; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/01/2017; There has not been any treatment or conservative therapy.; Audiogram shows bilateral significant sensorineural hearing loss in the high tones. Very symmetrical new symptom is he has pulsatile tinnitus in the right ear. He hears his heartbeat in the right ear. It is worse when he turns his head a certain way.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Sudden acute asymmetrical hearing loss of the left ear. Hearing has decreased suddenly on left ear.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The patient had a normal audiogram.; The patient is experiencing hearing loss.
The doctor is trying to rule out the need for surgery on this patient. The MRI will give a better look into what is causing the hearing loss in the patient.; This study is being ordered for Inflammatory/ Infectious Disease.; Long history of hearing loss with episodic fullness and distortion primarily in the right ear. Ringing in the ear.; Unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are no neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is a pre-operative evaluation for a known tumor of the middle or inner ear.

This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are no neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear. This is for hearing loss; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.; The doctor does not note on exam that the patient has delirium or acute altered mental status.; The patient does not have a Brain CT showing abscess, brain infection, meningitis or encephalitis.; This is NOT a Medicare member.
This request is for a Brain MRI; it is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The patient did not have a normal audiogram.; The patient is experiencing hearing loss.  
This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.  
This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.  
This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.  
This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.  
This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing vertigo  
This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The patient did not have a normal audiogram.; The patient is experiencing hearing loss.  
This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.
This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has hearing loss.; The patient had an audiogram.; The results of the audiogram were abnormal.; It is unknown why this study is being ordered.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.

unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

UNKNOWN; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing vertigo

With sig headaches and otalgia eval with MRI Head with gad at CSM indicated to r/o central lesion; Audio shows mixed HL in right ear; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient.;" A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT

One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT

Invasive well differentiated squamous cell carcinoma.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Procedure Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>71250 CT CHEST, THORAX</td>
<td>'None of the above' describes the reason for this request.; Known tumor and new symptoms involving the chest, chest wall, lung or pelvis is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT</td>
</tr>
</tbody>
</table>

| 71250 CT CHEST, THORAX | 'None of the above' describes the reason for this request.; The patient had an abnormal finding on physical exam related to the suspicion of cancer.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT |

| 71250 CT CHEST, THORAX | 'None of the above' describes the reason for this request.; This study is being ordered for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT |

| 71250 CT CHEST, THORAX | voice started becoming horas and has carsnomea; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology |

| 71250 CT CHEST, THORAX | `72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST` We are referring the pt to a Neurosurgeon and they wanted the pt to have one before they will make her an appt.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI. |

| 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST | This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness. |

| 73220 MRI UPPER EXTREMITY, ENTIRE EXTREMITY, NOT A JOINT | The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis. |

| 78813 PET IMAGING WHOLE BODY | This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Head/Neck Cancer.; The patient has Thyroid cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member. |

| 78813 PET IMAGING WHOLE BODY | This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made); This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member. |

| 78813 PET IMAGING WHOLE BODY | This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; The patient does NOT have Thyroid or Brain cancer.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member. |
This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made); This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA; This study is being requested for an other solid tumor; This would be the first PET Scan performed on this patient for this cancer; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made); This study is being requested for Head/Neck Cancer; The patient does NOT have Thyroid or Brain cancer; This would be the first PET Scan performed on this patient for this cancer; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made); This study is being requested for Head/Neck Cancer; The patient has Thyroid cancer; This would be the first PET Scan performed on this patient for this cancer; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment; This study is being requested for Head/Neck Cancer; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer; The patient does NOT have Thyroid or Brain cancer; More than 4 PET Scans have already been performed on this patient for this cancer; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment; This study is being requested for Head/Neck Cancer; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new singns or symptoms; The patient does NOT have Thyroid or Brain cancer; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis; There is existing evidence of metastasis or other tumor in the body; This study is being requested for Head/Neck Cancer; The patient does NOT have Thyroid or Brain cancer; This would be the first PET Scan performed on this patient for this cancer; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being requested for Head/Neck Cancer; It is unknown if the patient has Thyroid or Brain cancer; This is NOT a Medicare member.

This is a request for a brain/head CT; The patient has a suspected tumor outside the brain; Known or suspected tumor best describes the reason that I have requested this test.

This study is being ordered for sinusitis; This is a request for a Sinus CT; The patient is NOT immune-compromised; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT.
This is a request for a Sinus CT.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT

This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT

He is here today because at least for the last 20-30 years he gets some nasal pain and discomfort in the right medial canthal area. A recent episode on September 11 was so severe at 3 AM in the morning that he almost went to the emergency room. Afrin nose; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT

This is a request for a Sinus CT.; This study is being ordered for follow-up to trauma.; Yes this is a request for a Diagnostic CT

This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT

This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT

This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT

This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT

This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.; Yes this is a request for a Diagnostic CT
<table>
<thead>
<tr>
<th>Otolaryngology</th>
<th>Disapproval</th>
</tr>
</thead>
<tbody>
<tr>
<td>70486 CT SINUS, FACE, JAW, MANDIBLE, MAXILLOFACIAL NO CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
</tr>
<tr>
<td>This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT</td>
<td></td>
</tr>
<tr>
<td>This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT</td>
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</tr>
<tr>
<td>This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset; Yes this is a request for a Diagnostic CT</td>
<td></td>
</tr>
<tr>
<td>This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT</td>
<td></td>
</tr>
<tr>
<td>This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT</td>
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<tr>
<td>This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.; Yes this is a request for a Diagnostic CT</td>
<td></td>
</tr>
<tr>
<td>This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.; Yes this is a request for a Diagnostic CT</td>
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<tr>
<td>This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
<td></td>
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<tr>
<td>Caller is by passing questions and faxing in clinical.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown Caller is by passing questions and faxing in clinical.; It is not known if there has been any treatment or conservative therapy.; Caller is by passing questions and faxing in clinical.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
<td></td>
</tr>
<tr>
<td>70490 CT NECK SOFT TISSUES,LARYNX,THYROID ETC. NO CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
</tr>
<tr>
<td>70540 MRI ORBIT/FACE/NECK W/O DYE</td>
<td>Radiology Services Denied Not Medically Necessary</td>
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<tr>
<td>right ear otalgia; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
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<td>Otolaryngology</td>
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<td>Pediatrics</td>
<td>Approval</td>
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</tbody>
</table>

PT has neck pain and left chronic otomastoiditis with a history of cholesteatoma; we submitted a request for CT temporal bone and it was approved. We submitted a request for cervical spine MRI; acute or chronic neck and/or back pain; the patient does have new or changing neurologic signs or symptoms; it is not known if there is weakness or reflex abnormality; the patient does not have new signs or symptoms of bladder or bowel dysfunction; there is not x-ray evidence of a recent cervical spine fracture.

This is a request for a tumor imaging PET scan; the suspicion of cancer is based on a diagnostic/lab test; this study is being ordered to establish a cancer diagnosis; this study is being requested for lymphoma or myeloma; a lab test other than an SPEP suggests their need for ordering this study; this is not a Medicare member.

This is a request for a Tumor Imaging PET Scan; the suspicion of cancer is based on a diagnostic/lab test; this study is being ordered to establish a cancer diagnosis; this study is being requested for lymphoma or myeloma; a lab test other than an SPEP suggests their need for ordering this study; this is not a Medicare member.

This is a request for a brain/head CT; recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.

This request is for a Brain MRI; the study is not being requested for evaluation of a headache; requested for evaluation of tumor; a biopsy has been completed to determine tumor tissue type.

This is a request for a Tumor Imaging PET Scan; this study is being ordered for subsequent treatment; this study is being requested for lymphoma or myeloma; the patient completed a course of treatment initiated within the last 8 weeks; 1 PET Scans has already been performed on this patient for this cancer; this is not a Medicare member.

This is a request for a brain/head CT; recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.

This is a request for a brain/head CT; changing neurologic symptoms best describes the reason that I have requested this test.

This is a request for a brain/head CT; 'none of the above' best describes the reason that I have requested this test; none of the above best describes the reason that I have requested this test.

This is a request for a brain/head CT; recent (in the past month) headache within the past month; headache best describes the reason that I have requested this test.

This is a request for a brain/head CT; the patient has a new onset of a headache within the past 5 days; headache best describes the reason that I have requested this test.

This is a request for a brain/head CT; the patient has the worst headache of patient's life with onset in the past 5 days; headache best describes the reason that I have requested this test; this is not a Medicare member.
<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>70480</td>
<td>CT ORBIT, EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA, EAR ETC.</td>
<td>&quot;This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8&quot;; There is suspicion of bone infection, cholesteatoma, or inflammatory disease.OSTCT.</td>
</tr>
<tr>
<td>70490</td>
<td>CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST</td>
<td>This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.; Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>70490</td>
<td>CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST</td>
<td>This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>70540</td>
<td>MRI ORBIT/FACE/NECK W/O DYE</td>
<td>There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.</td>
</tr>
<tr>
<td>70544</td>
<td>Mr angiography head w/o dye</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given.&gt;; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</td>
</tr>
<tr>
<td>70551</td>
<td>MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given.&gt;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</td>
</tr>
<tr>
<td>70551</td>
<td>MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given.&gt;; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if the headache is described as a “thunderclap” or the worst headache of the patient’s life.</td>
</tr>
</tbody>
</table>
Pediatrics Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There is not a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation).

Pediatrics Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing dizziness. 1

Pediatrics Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. 1

Pediatrics Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation). 1

Pediatrics Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation). 1

Pediatrics Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo. 2

Pediatrics Approval 70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo. 2
This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/2013; There has not been any treatment or conservative therapy.; progressive motor tic; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Caller is by passing questions and faxing in clinical.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

left temporal lobe cyst on CT; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient is experiencing dizziness.

patient has back pain, blurred vision, and ansicoria; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. Patient is having frequent headaches. Patient does stutter. Dad has Chiari malformation; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

pt has had a new onset of headaches in the past 12 months with an increasing intensity over the last -6 weeks; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There are NO recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is not described as a “thunderclap” or the worst headache of the patient’s life.

suddate due to age; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.
This is to evaluate if the patient has a mass; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

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This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.
This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.

unknown; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT

Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT

Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT

RTUNIQUE EVAL; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

STAGE 1 WILM'S TUMOR; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/2013; There has not been any treatment or conservative therapy.; progressive motor tic;

The patient has failed a course of anti-inflammatory medication or steroid.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.

This is a request for cervical spine MRI; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; Follow-up to Surgery or Fracture within the last 6 months.

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.

This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.

This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.

This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; normal xray

This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.

; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; The study is being ordered due to trauma or acute injury within 72 hours.; &lt;Enter Additional Clinical Information&gt;

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of the above;

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed and failed a course of conservative care in the past 3 months or had a spine injection.

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality.

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s).

72196 MRI PELVIS
This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.

73221 MRI JOINT OF UPPER EXTREMITY
The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; Pt has something in the scapula.

73221 MRI JOINT OF UPPER EXTREMITY
The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.

73221 MRI JOINT OF UPPER EXTREMITY
This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an abnormal plain film study of the joint.
This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.

This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; The ordering physician is an orthopedist.; There is no suspected meniscus, pre-op or post-op evaluation, non-acute Chronic Pain, suspected tumor or Aseptic Necrosis; Pain greater than 3 days

This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.

This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; The patient has not had recent plain films of the knee.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; Decreases in range of motion, pain is severe; Suspicious Mass or Suspected Tumor/ Metastasis

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Limited range of motion; Yes, the member experience a painful popping, snapping, or giving away of the knee.

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Limited range of motion
This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.

This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.

This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.

This is a request for an Ankle MRI.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a suspected tarsal coalition.

This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is a suspicion of AVN.

This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; There is a known or a strong suspicion of kidney or ureteral stones.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT

This is a request for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

This is a request for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

STAGE 1 WILM'S TUMOR; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-Ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; &lt;Enter Additional Clinical Information&gt;; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT.
<table>
<thead>
<tr>
<th>Request Number</th>
<th>Description</th>
<th>Approval/Disapproval</th>
<th>Reason for Denial/Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Pediatrics Approval</td>
<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>74176 CT ABD &amp; PELVIS</td>
<td>Pediatrics Approval</td>
<td>This is a request for an abdomen-pelvis CT combination.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
<td>4</td>
</tr>
<tr>
<td>75557 Cardiac MRI Morph &amp; structure w/o contrast</td>
<td>Pediatrics Approval</td>
<td>This is a request for a heart or cardiac MRI; HISTORY OF REPAIRED TETRALOGY OF FALLOT; None of the Above; Is this a request for one of the following? Heart CT</td>
<td>2</td>
</tr>
<tr>
<td>78451 Myocardial perfusion imaging, tomographic (SPECT); single study</td>
<td>Pediatrics Approval</td>
<td>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has diabetes.; This is NOT a Medicare member.; The patient is 65 or older. This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member. This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chect x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chect x-ray or EKG) indicative of heart disease. This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.</td>
<td>1</td>
</tr>
<tr>
<td>93307 TTHRC R-T IMG 2D + M-MODE REC COMPL</td>
<td>Pediatrics Approval</td>
<td>Radiology Services Denied; Not Medically Necessary</td>
<td>1</td>
</tr>
<tr>
<td>70450 CT BRAIN, HEAD</td>
<td>Pediatrics Disapproval</td>
<td>Radiology Services Denied; Not Medically Necessary</td>
<td>1</td>
</tr>
<tr>
<td>70450 CT BRAIN, HEAD</td>
<td>Pediatrics Disapproval</td>
<td>This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test. This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test. Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT; ‘None of the above’ describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT</td>
<td>2</td>
</tr>
<tr>
<td>70450 CT BRAIN, HEAD</td>
<td>Pediatrics Disapproval</td>
<td>Radiology Services Denied; Not Medically Necessary</td>
<td>1</td>
</tr>
<tr>
<td>71250 CT CHEST, THORAX</td>
<td>Pediatrics Disapproval</td>
<td>Radiology Services Denied; Not Medically Necessary</td>
<td>1</td>
</tr>
<tr>
<td>71250 CT CHEST, THORAX</td>
<td>Pediatrics Disapproval</td>
<td>Radiology Services Denied; Not Medically Necessary</td>
<td>1</td>
</tr>
</tbody>
</table>
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST  
Radiology Services Denied Not Medically Necessary

It is not known if the patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.;

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST  
Radiology Services Denied Not Medically Necessary

patient has back pain, blurred vision, and anisocoria; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST  
Radiology Services Denied Not Medically Necessary

The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient has Neurological abnormalities; This procedure is being requested for Trauma or recent injury.
&lt;Enter answer here - or Type in Unknown if No Info Given.&gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/25/2017. There has been treatment or conservative therapy.; pain in hip and pain in low back, osteo arthritis.; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for a Pelvis MRI.; The request is not for any of the listed indications.

Evaluate muscular and visceral pathology.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

left knee injury; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; There is no suspected meniscus, pre-op or post-op evaluation, non-acute Chronic Pain, suspected tumor or Aseptic Necrosis; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; &lt;Enter Additional Clinical Information&gt;; Yes this is a request for a Diagnostic CT

Evaluate muscular and visceral pathology.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Enter Additional Clinical Information;&lt; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT

Evaluate muscular and visceral pathology.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.
The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; It is not known if this patient had a recent course of supervised physical Therapy.

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.;

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.

This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.;

The patient has completed 6 weeks of physical therapy?

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; It is not known if there has been any treatment or conservative therapy. ; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.
This is a request for a brain/head CT.; 'None of the above' describes the congenital anomaly of the skull.; Known or suspected congenital anomaly best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Plastic Surgery  Approval  70450 CT BRAIN, HEAD

Plastic Surgery  Approval  70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.

Plastic Surgery  Approval  70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Plastic Surgery  Approval  70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST

Plastic Surgery  Approval  70490 CT NECK SOFT TISSUES,LARYNX,THYROID ETC. NO CONTRAST

Plastic Surgery  Approval  71250 CT CHEST, THORAX

Plastic Surgery  Approval  71250 CT CHEST, THORAX

Plastic Surgery  Approval  71250 CT CHEST, THORAX

Plastic Surgery  Approval  71250 CT CHEST, THORAX
<table>
<thead>
<tr>
<th>Approval</th>
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<th>Notes</th>
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<tbody>
<tr>
<td>71250</td>
<td>CT CHEST, THORAX</td>
<td>'None of the above' describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema); Yes this is a request for a Diagnostic CT R/O lipoma; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt;Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; There has not been any treatment or conservative therapy.; large mass on neck; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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<tr>
<td>72141</td>
<td>MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
<td>This is a request for cervical spine MRI; None of the above; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; Yes, the patient is experiencing or presenting new symptoms of Bowel or bladder dysfunction.</td>
</tr>
<tr>
<td>72146</td>
<td>MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST</td>
<td>This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT &lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt;Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt;Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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<tr>
<td>73200</td>
<td>CT ARM OR UPPER EXTREMITY</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt;Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt;Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
</tr>
<tr>
<td>73220</td>
<td>MRI UPPER EXTREMITY, ENTIRE EXTREMITY, NOT A JOINT</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt;Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt;Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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<tr>
<td>73221</td>
<td>MRI JOINT OF UPPER EXTREMITY</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt;Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if there has been any treatment or conservative therapy.; &lt;Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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<tr>
<td>Procedure</td>
<td>Approval/Disapproval</td>
<td>Notes</td>
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<tr>
<td>Plastic Surgery 73221 MRI JOINT OF UPPER EXTREMITY</td>
<td>Approval</td>
<td>This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.</td>
</tr>
<tr>
<td>Plastic Surgery 73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td>Approval</td>
<td>This is a request for a foot MRI.; “There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.”.; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion. This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy</td>
</tr>
<tr>
<td>Plastic Surgery 73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td>Approval</td>
<td>This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physical Therapy</td>
</tr>
<tr>
<td>Plastic Surgery 74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Approval</td>
<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>Plastic Surgery 77058 MRI breast,without and/or with contrast material(s);unilateral 70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST</td>
<td>Approval</td>
<td>This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast. This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient’s current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>Plastic Surgery 73221 MRI JOINT OF UPPER EXTREMITY</td>
<td>Disapproval</td>
<td>Radiology Services Denied Not Medically Necessary</td>
</tr>
</tbody>
</table>
This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical therapy.

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine

This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT

This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT

This is a request for a foot CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT

This is a request for an ankle CT.; "There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT

"There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a suspected tarsal coalition.; This is a request for bilateral foot MRI.; trauma
"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; &lt;Enter answer here OR type 'Unknown' if no info given.&gt;; This is a request for a bilateral ankle MRI.

&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with something other than crutches, a protective boot, walking cast, immobilization, orthopedics, anti-inflammatory medication or a cast for at least 6 weeks.

&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 10/20/17; There has been treatment or conservative therapy.; Pain; Boot.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Foot Pain; Onset: 1 month ago. Duration: 1 Month. Severity level is 9. It occurs constantly and is worsening. Location: left planar 4th intermetatarsal space. The pain radiates to the side of left foot. The pain is sharp and throbbing. Context: t; This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is being ordered for evaluation of Morton's Neuroma.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.

History of Present Illness: Subjective: Patient returns clinic today for continued evaluation of RIGHT foot and ankle pain. She states completion cancer therapy. She states use of braces with tolerable pain with limited activities. Today she would like to; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Musculoskeletal: she is painful along the insertion of the achilles tendon bilaterally, the right is worse then the left. Dorsiflexion is painful and limited. She has calcaneal spurs noted.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.

NONE; This is a request for a foot MRI.; Surgery or other intervention is not planned for in the next 4 weeks.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.

ONSET CIRCA 2015; EPISODIC ACUTE PAIN &amp; SOELING L ANKLE, USUALLY ABOUT 2 X/MONTH. PAIN IS SO SEVERE PATIENT IS UNABLE TO PUT WEIGHT ON FOOT. X-RAY NEGATIVE FOR OSSEOUS PATHOLOGY; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
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<tbody>
<tr>
<td>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td>PAIN IN ANKLE AND FOOT; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</td>
</tr>
<tr>
<td>Podiatry Approval</td>
<td>pt had injury to left foot on 10/17/17 after jumping out of truck. X-rays were negative for fracture. Swelling and tenderness over the 1st MTP joint. Painful to walk or wear shoes. Pain on palpation lateral 5th metatarsal head, she also has some pain in; This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has NOT had foot pain for over 4 weeks.</td>
</tr>
<tr>
<td>Podiatry Approval</td>
<td>SUSPECTED TENDON TEAR; This is a request for an Ankle MRI.; The study is not requested for any of the standard indications for Knee MRI; The study is requested for a reason other that ankle pain.</td>
</tr>
<tr>
<td>Podiatry Approval</td>
<td>This is a request for a foot MRI.; There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.; There is a suspected tarsal coalition.</td>
</tr>
<tr>
<td>Podiatry Approval</td>
<td>This is a request for a foot MRI.; There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.</td>
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<td>Podiatry Approval</td>
<td>This is a request for a foot MRI.; There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.</td>
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<td>Podiatry Approval</td>
<td>This is a request for a foot MRI.; There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.</td>
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<td>Podiatry Approval</td>
<td>This is a request for a foot MRI.; There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion.</td>
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<td>Podiatry Approval</td>
<td>73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
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<td>This is a request for a foot MRI.; “There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.”; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.</td>
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<td>This is a request for a foot MRI.; “There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.”; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.</td>
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<td>This is a request for a foot MRI.; “There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.”; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.</td>
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<td>This is a request for a foot MRI.; “There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.”; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.</td>
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</table>
This is a request for a foot MRI.; “There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.”; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion. 1

This is a request for a foot MRI.; “There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.”; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion. 2

This is a request for a foot MRI.; “There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.”; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion. 1

This is a request for a foot MRI.; “There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.”; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has a documented limitation of their range of motion. 1

This is a request for a foot MRI.; “There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.”; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion. 1
This is a request for a foot MRI.; “There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.”; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is for pre-operative planning.; The patient does not have a documented limitation of their range of motion.

This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is being ordered to evaluate a possible non union fracture.

This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a protective boot for at least 4 weeks.

This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.

This is a request for an Ankle MRI.; “There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.”; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.

This is a request for an Ankle MRI.; “There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.”; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.

This is a request for an Ankle MRI.; “There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.”; There is not a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.
This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has been treated with and failed a course of supervised physical therapy.; The patient does not have a documented limitation of their range of motion.

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient has had an abnormal plain film study of the ankle other than arthritis.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is being ordered by the operating surgeon for pre-operative planning.

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is being ordered by the operating surgeon for pre-operative planning.
This is a request for an Ankle MRI.; “There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.”.; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.

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This is a request for an Ankle MRI.; “There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.”.; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient has a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.

This is a request for an Ankle MRI.; “There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.”.; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient does not have an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.; This study is not being ordered by an operating surgeon for pre-operative planning.

This is a request for an Ankle MRI.; “There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.”.; There is not a history of new onset of severe pain in the ankle within the last two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.
This is a request for an Ankle MRI.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.

This is a request for an Ankle MRI.; The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; The member has a recent injury.; The study is requested for a reason other that ankle pain.

This is a request for an Ankle MRI.; There is a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.

Unknown; This is a request for a foot MRI.; Surgery or other intervention is not planned for in the next 4 weeks.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT

"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Inversion ankle sprain; This is a request for a bilateral ankle MRI.

2 recent falling injuries within the last 3 weeks, both on the L foot, x-ray negative for fracture, pain, swelling not resolved on his own; The patient has not had a recent bone scan.; This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did not have 2 normal x-rays at least 3 weeks apart that did not show a fracture.

BILATERAL FOOT PAIN, SUBCUTANEOUS FOOT MASS, 3RD INTERSPACE RIGHT AND LEFT. 0.5 X 0.5 CM, NODULE, TENDER; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MR5, PET Scan, or Unlisted CT/MRI.

Subjective: Patient returns to clinic following up of pain in her right foot and ankle and left foot. Pt relates that this has been ongoing for years and injections, orthotics, boots, and off loading have failed. Left foot is better but right is killing h; This is a request for an Ankle MRI.; The pain is from a recent injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.; The study is requested for a reason other that ankle pain.

This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with crutches for at least 6 weeks.
This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture); This is not a pre-operative study for planned surgery. This is a request for an Ankle MRI.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type. R/o central process as cause of psychosis, pt endorses hx of depressive sx since 10 or 11 yo, pt was also raped at 10 or 11yo, pt currently endorses depressive sx and meets criteria for MDE present episode has been ongoing for about 5 years, pt has chro; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This procedure is being requested for other indications. Developed chronic back pain, pain is debilitating and adversely affecting her ability to function in activities of daily living; This study is being ordered for trauma or injury.; initial onset 2008; There has not been any treatment or conservative therapy.; Chronic back pain, pain is aching and occasionally stabbing, right sided pain is greater than left, exacerbated by standing for prolonged periods or sitting for prolonged periods; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology. Developed chronic back pain, pain is debilitating and adversely affecting her ability to function in activities of daily living; This study is being ordered for trauma or injury.; initial onset 2008; There has not been any treatment or conservative therapy.; Chronic back pain, pain is aching and occasionally stabbing, right sided pain is greater than left, exacerbated by standing for prolonged periods or sitting for prolonged periods; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology. She has persistent cough and sinusitis even with the use of Flonase and singulair.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT.
This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT

This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT

This is a request for a neck soft tissue CT.; There has been recent trauma or other injury to the neck.; Yes this is a request for a Diagnostic CT

This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a suspicion of an infection or abscess.; Yes this is a request for a Diagnostic CT

")' "The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient.;" A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT

"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT

"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days.;" They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT

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Pulmonary Medicine  Approval  71250 CT CHEST, THORAX

A Chest/Thorax CT is being ordered. This study is being ordered for screening of lung cancer. The patient is 54 years old or younger. The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months. Yes this is a request for a Diagnostic CT.

A Chest/Thorax CT is being ordered. This study is being ordered for known or suspected inflammatory disease or pneumonia. Yes this is a request for a Diagnostic CT.

A Chest/Thorax CT is being ordered. This study is being ordered for work-up for suspicious mass. Yes this is a request for a Diagnostic CT.

A Chest/Thorax CT is being ordered. This study is being ordered for work-up for suspicious mass. Yes this is a request for a Diagnostic CT.

A Chest/Thorax CT is being ordered. This study is being ordered for screening of lung cancer. The patient is between 55 and 80 years old. This patient is a smoker or has a history of smoking. The patient has a 30 pack per year history of smoking. The patient did NOT quit smoking in the past 15 years. The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition. The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months. Yes this is a request for a Diagnostic CT.

A Chest/Thorax CT is being ordered. This study is being ordered for work-up for suspicious mass. Yes this is a request for a Diagnostic CT.

A Chest/Thorax CT is being ordered. This study is being ordered for work-up for suspicious mass. Yes this is a request for a Diagnostic CT.

A Chest/Thorax CT is being ordered. This study is being ordered for work-up for suspicious mass. Yes this is a request for a Diagnostic CT.

Problem List Impression: 1. COPD (chronic obstructive pulmonary disease) J44.9. Comment/Status: moderately severe. symptoms are well controlled. Plan: She could not tolerate Anoro due to side effects. back on advair. cont same. Full PFTs in 3 m; A Chest/Thorax CT is being ordered. This study is being ordered for screening of lung cancer. The patient is between 55 and 80 years old. This patient is a smoker or has a history of smoking. The patient has a 30 pack per year history of smoking. The patient did NOT quit smoking in the past 15 years. The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition. The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months. Yes this is a request for a Diagnostic CT.

There is evidence of a lung, mediastinal or chest mass noted within the last 30 days. They had a previous Chest x-ray. A Chest/Thorax CT is being ordered. This study is being ordered for work-up for suspicious mass. Yes this is a request for a Diagnostic CT.

There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days. A Chest/Thorax CT is being ordered. This study is being ordered for work-up for suspicious mass. Yes this is a request for a Diagnostic CT.
<table>
<thead>
<tr>
<th>Medicine</th>
<th>Approval</th>
<th>Study Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulmonary Medicine</td>
<td>Approval</td>
<td>71250 CT CHEST, THORAX; A Chest/Thorax CT is being ordered; This study is being ordered for none of the above; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>Pulmonary Medicine</td>
<td>Approval</td>
<td>71250 CT CHEST, THORAX; 6 month follow up; A Chest/Thorax CT is being ordered; The study is being ordered for none of the above; Yes this is a request for a Diagnostic CT</td>
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<tr>
<td>Pulmonary Medicine</td>
<td>Approval</td>
<td>71250 CT CHEST, THORAX; 6-19-2017/8-8-2017; Left lower lobe atelectasis; Associated symptoms of malaise and chills possible pneumonia versus mucus plugging; Treated with Levaquin for 7 days; If persistent atelectasis then she needs CT chest; 8-8-2017; A Chest/Thorax CT is being ordered; The study is being ordered for none of the above; This study is being ordered for none of the above; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>Pulmonary Medicine</td>
<td>Approval</td>
<td>71250 CT CHEST, THORAX; A Chest/Thorax CT is being ordered; A chest is being ordered for known tumor; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>Pulmonary Medicine</td>
<td>Approval</td>
<td>71250 CT CHEST, THORAX; A Chest/Thorax CT is being ordered; This study is being ordered for screening of lung cancer; The patient is between 55 and 80 years old; This patient is a smoker or has a history of smoking; The patient has a 30 pack per year history of smoking; The patient did NOT quit smoking in the past 15 years; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>Pulmonary Medicine</td>
<td>Approval</td>
<td>71250 CT CHEST, THORAX; A Chest/Thorax CT is being ordered; This study is being ordered for suspected pulmonary Embolus; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>Pulmonary Medicine</td>
<td>Approval</td>
<td>71250 CT CHEST, THORAX; Abnormal ct of the lungs evaluate pulmonary nodule; &quot;There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.&quot;; A Chest/Thorax CT is being ordered; This study is being ordered for work-up for suspicious mass; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>Pulmonary Medicine</td>
<td>Approval</td>
<td>71250 CT CHEST, THORAX; Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request; This is a request for a Chest CT; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>Pulmonary Medicine</td>
<td>Approval</td>
<td>71250 CT CHEST, THORAX; Abnormal imaging test describes the reason for this request; This is a request for a Chest CT; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>Pulmonary Medicine</td>
<td>Approval</td>
<td>71250 CT CHEST, THORAX; According to provider: Patient has severe dyspnea, She needs a repeat CT now to ensure stability of this nodule. If it is stable at the 2 year mark we could likely stop following this, but the guidelines would indicate she needs a CT now. recommended a; A Chest/Thorax CT is being ordered; The study is being ordered for none of the above; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>Pulmonary Medicine</td>
<td>Approval</td>
<td>71250 CT CHEST, THORAX; According to radiologist: Stable focus of nodular consolidation in the right lung with perifissural nodules and right hilar adenopathy. Given patient's age and stability these findings are favored to be related to granulomatous infection. Follow-up; A Chest/Thorax CT is being ordered; The study is being ordered for none of the above; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>Pulmonary Medicine</td>
<td>Approval</td>
<td>71250 CT CHEST, THORAX; Yes this is a request for a Diagnostic CT</td>
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</table>
According to Radiologist:
Impression:
Slight interval decrease in size of right lower lobe pulmonary nodule; and stable right hilar lymph node. Follow-up chest CT in 6 months can monitor.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT

Chest pain describes the reason for this request.; Abnormal imaging (xray) finding was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT

Chest pain describes the reason for this request.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT

Chest pain describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema); Yes this is a request for a Diagnostic CT

Coughing up blood (hemoptysis) describes the reason for this request.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT

CXR today showed loculated effusion and ?nodule. No indication for ABx at this time; They had a previous Chest x-ray.; "There is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT
| Pulmonary Medicine Approval 71250 CT CHEST, THORAX Follow up CT Chest for further evaluation on pulmonary nodules found on 8/17/17 CT Chest; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT | 1 |
| Pulmonary Medicine Approval 71250 CT CHEST, THORAX follow up CT for known nodules; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 |
| Pulmonary Medicine Approval 71250 CT CHEST, THORAX follow up CT for lung mass from 4/2017; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 |
| Pulmonary Medicine Approval 71250 CT CHEST, THORAX follow up from ct performed 06/22/2017 and showed pulmonary nodule left lower lobe recommended ct follow up 3-6 months; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT | 1 |
| Pulmonary Medicine Approval 71250 CT CHEST, THORAX follow up of known nodules. Last CT Chest dated 2/8/17 &x0D; &x0D; IMPRESSION: &x0D; 1. There are multiple calcified and noncalcified pulmonary nodules throughout both lungs. The changes are most likely related to granulomatous disease. A followup study in 9 month; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 |
| Pulmonary Medicine Approval 71250 CT CHEST, THORAX From Oct 26;&x0D; FINDINGS:&x0D; 2 view radiograph of the chest was submitted for review. No osseous;&x0D; abnormality is seen. There is an opacity in the left lung apex.&x0D; Follow-up chest CT in 3-4 months is recommended. The heart,&x0D; mediastinum, hila, and pulmonary ve; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 |
| Pulmonary Medicine Approval 71250 CT CHEST, THORAX He has been having worsening SOB recently. He saw a cardiologist in Benton recently, Dr. Stewart?, who preformed a LHC. As per the patient, he was told his arteries are clean. No echo;&x0D; Shortness of breath severity moderate, gets OOB on walking for a co; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT | 1 |
| Pulmonary Medicine Approval 71250 CT CHEST, THORAX Higher resolution than one done in 10/17; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT | 1 |
| Pulmonary Medicine Approval 71250 CT CHEST, THORAX 'None of the above' describes the reason for this request.; Abnormal mass in the chest, wall, or lung is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT | 1 |
'None of the above' describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema); Yes this is a request for a Diagnostic CT

'None of the above' describes the reason for this request.; Another abnormality was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT

'None of the above' describes the reason for this request.; It is unknown what if anything else is related to this request for imaging of a known cancer or tumor.; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT

'None of the above' describes the reason for this request.; Known tumor and new symptoms involving the chest, chest wall, lung or pelvis is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT

'None of the above' describes the reason for this request.; 'None of the above' were related to the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT

'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT

'None of the above' describes the reason for this request.; The patient had an abnormal imaging (xray) finding related to the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is being requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT

'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT

'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT
'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT

None of the above describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT

None of the above describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT

None of the above describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT

There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT

pt had a CTA on 08/21/17; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT

pt had previous CT chest in June 2017 showing 12mm mass in the right upper lobe; "There is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT

Pt has 5mm nodule on the right lower abdomen, shortness of breath; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT

pt has mediastinal lymphadenopathy; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; Yes this is a request for a Diagnostic CT

pt has pulmonary nodules; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT
PULMONARY NODULES; A Chest/Thorax CT is being ordered.; This study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT

Recurrent respiratory infections. Last round of antibiotics 1 month ago and patient is having symptoms again; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT

The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT

There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT

This is a request for a Thorax (Chest) CT.; 'None of the above' describes the reason for this request.; The patient had an abnormal finding on physical exam related to the suspicion of cancer.; This study is beign requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT

This is a request for CT Chest for the year follow up of lung nodules. Last CT Chest is dated 10/17/17. IMPRESSION: Multiple small indeterminate lung nodules are identified. You may wish to consider short term followup in 4 months for further ev; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT

Unknown; "There is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT

Unknown; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT

Unknown; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT

unknown; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT

PULMONARY MEDICINE

Approval 71250 CT CHEST, THORAX

IMPRESSION: MULTIPLE SMALL INDETERMINATE LUNG NODULES ARE IDENTIFIED. YOU MAY WISH TO CONSIDER SHORT TERM FOLLOWUP IN 4 MONTHS FOR FURTHER EVALUATION.
Pulmonary Medicine Approval 71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST RAST

This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography. 1

Pulmonary Medicine Approval 71275 CT ANGIOGRAPHY CHEST

This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography. 1

Pulmonary Medicine Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST

This is a request for a thoracic spine MRI.; There is evidence of tumor or metastasis on a bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis. 1

Pulmonary Medicine Approval 72196 MRI PELVIS

This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; Yes this is a request for a Diagnostic CT 1

Pulmonary Medicine Approval 74150 CT ABDOMEN WITHOUT CONTRAST

This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT 1

Pulmonary Medicine Approval 74176 CT ABD & PELVIS W/O CONTRAST

This is a request for a Diagnostic CT 1

Pulmonary Medicine Approval 74176 CT ABD & PELVIS W/O CONTRAST

A 1.1 centimeter enhancing lesion in the inferior pole of the right kidney. While this could represent a complex cyst, this could also represent a solid mass. Further evaluation with a pre and post contrast MRI of the abdomen is recommended.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

Pulmonary Medicine Approval 74181 MRI ABDOMEN

This is a request for a Diagnostic CT 1
Pulmonary Medicine Approval 75557 Cardiac MRI Morph & structure w/o contrast
This is a request for a heart or cardiac MRI 2

Pulmonary Medicine Approval 78813 PET IMAGING WHOLE BODY
This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member. 1

Pulmonary Medicine Approval 78813 PET IMAGING WHOLE BODY
This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member. 1

Pulmonary Medicine Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has not been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member. 1

Pulmonary Medicine Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made); This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member. 4

Pulmonary Medicine Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on an imaging study.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member. 4

Pulmonary Medicine Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
This is a request for a Tumor Imaging PET Scan; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
Other nonspecific abnormal finding of lung field, lung mass; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member. 1

Pulmonary Medicine Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has not been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; This study is being requested for Lung Cancer.; This is NOT a Medicare member. 1
This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with NON small lung cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Brain Cancer/Tumor or Mass.; This is NOT a Medicare member.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient’s cardiac symptoms.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.
Pulmonary Medicine  Approval  G0297 Low dose CT scan (LDCT) for lung cancer screening

Problem List/Impression: 1. Cough R05
Comment/Status: from history, most likely related to post nasal drip and upper airway syndrome. He has GERD and he is symptomatic now. He produces white phlegm. Plan: Flonase, zyrtec and follow up wi; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.

This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.

This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.

Radiology Services Denied Not Medically Necessary

This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT

This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT

"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT

"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT

Radiology Services Denied Not Medically Necessary

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/11/2017; There has been treatment or conservative therapy.; chronic sinusitis, infections, asthma.; test, medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for a Diagnostic CT

Radiology Services Denied Not Medically Necessary

This is a request for a Diagnostic CT

Radiology Services Denied Not Medically Necessary
<table>
<thead>
<tr>
<th>Pulmonary Medicine</th>
<th>Disapproval</th>
<th>71250 CT CHEST, THORAX</th>
<th>Not Medically Necessary</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given.&gt;; There is no radiologic evidence of asbestosis.; The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection.; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT</td>
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<tr>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given.&gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/11/2017; There has been treatment or conservative therapy.; chronic sinusitis, infections, asthma.; test, medications.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<tr>
<td>Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT</td>
<td>19</td>
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<tr>
<td>Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT</td>
<td>10</td>
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<tr>
<td>According to Radiologist: there is a multifocal nodular consolidation involving all lobes, all consistent with pneumonia. There is an 8x7 mm solid spiculated nodule with surrounding micronodules. There is a right nodule on the left major fissure likely r; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT</td>
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<tr>
<td>Chest CT 10/14/2016 7mm pulmonary nodule. One year follow up; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT</td>
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<tr>
<td>Chest pain describes the reason for this request.; It is unknown what led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema); Yes this is a request for a Diagnostic CT</td>
<td>1</td>
<td></td>
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<tr>
<td>Follow up CT for lung nodule to determine if malignancy is present.; &quot;There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.&quot;; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT</td>
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<tr>
<td>follow up on Bronchiectasis; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT</td>
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<tr>
<td>idiopathic emphysema; It is not known if there is radiologic evidence of asbestosis.; &quot;The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection.&quot;; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
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</tr>
</tbody>
</table>
'None of the above' describes the reason for this request.; Abnormal imaging (xray) finding was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT

'None of the above' describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT

'None of the above' describes the reason for this request.; Another abnormality led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT

'None of the above' describes the reason for this request.; It is unknown if anything else was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT

This study is being requested for screening of Lung Cancer.; The patient is between 55 and 80 years old.; This patient is NOT a smoker nor do they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT

'None of the above' describes the reason for this request.; This reason this study is being requested is unknown.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT

None; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT

Other nonspecific abnormal finding of lung field, lung mass; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
Patient is a 1ppd smoker for the past 30+ years. COPD diagnosis in Jan 2016. Feels congested in the chest, Dyspnea, Paroxysmal nocturnal dyspnea and cough.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT.

This post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT.

This is a follow-up CT of the chest to determine nonmalignancy of multiple chest nodules.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT.

This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was NOT identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown. ; This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.

This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.

There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology.
<table>
<thead>
<tr>
<th>Radiation Oncology</th>
<th>Approval</th>
<th>Procedure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>70450 CT BRAIN, HEAD</td>
<td>This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test. Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>70450 CT BRAIN, HEAD</td>
<td>This is a request for a brain/head CT.; The patient has a suspected brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.; There are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST</td>
<td>This is a request for neck soft tissue CT.; It is unknown if the study is being ordered for Staging or Follow Up.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>70490 CT NECK SOFT TISSUES, LARYNX, THYROID ETC. NO CONTRAST</td>
<td>There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology</td>
<td></td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td>Approval</td>
<td>70544 Mr angiography head w/o dye</td>
<td>This is a request for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td>Approval</td>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>This is a request for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing fatigue or malaise.</td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td>Approval</td>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>This is a request for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient is experiencing fatigue or malaise.</td>
</tr>
</tbody>
</table>
Patient has been treated with radiation and is returning for a six month follow up MRI brain.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.

Patient is being sent for a MRI brain as a followup.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.

Pt with renal cancer with recent 12/28/17 Brain MRI that showed: New 9 mm enhancing lesion in the left occipital lobe consistent with new metastatic disease. &xD; Radiation MD wants to get MRI Brain for SRS with thinner slices for planning.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is Radiation Oncology

There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is Radiation Oncology

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.

&10/11/2017 CHEST MASS FOUND ON XRAY; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT
Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT.

Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT.

brain cancer with brain mets, lung cancer dx with new left lower lymphadenopathy, r/o mets; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology.

‘None of the above’ describes the reason for this request.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT.

‘None of the above’ describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT.

‘None of the above’ describes the reason for this request.; This study is being requested for ‘none of the above’.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT.

None; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology.

There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology.

There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology.

There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology.

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection.

There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology.

There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology.

There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology.
This is a request for a Pelvis MRI.; The request is not for any of the listed indications.  

This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?  

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.  

brain cancer with brain mets, lung cancer dx with new left lower lymphadenopathy, r/o mets; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology  

There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology  

&amp;Enter answer here - or Type In Unknown If No Info Given. &amp;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.  

None; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.  

There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology  

There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology  

This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT  

This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT  

This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT  

This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT
Radiation Oncology Approval 74181 MRI ABDOMEN
This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; It is not known if the patient is presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.\"; INITIAL SCAN AFTER FINISHING TREATMENT

Radiation Oncology Approval 74181 MRI ABDOMEN
This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.\"; "The patient has had an abdominal ultrasound, CT, or MR study.\"; Initial staging for liver metastases.

Radiation Oncology Approval 78813 PET IMAGING WHOLE BODY
This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.

Radiation Oncology Approval 78813 PET IMAGING WHOLE BODY
This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.

Radiation Oncology Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Radiation Oncology

Radiation Oncology Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
This is a request for a Tumor Imaging PET Scan; It is unknown why the study is being ordered.; This study is being requested for Colo-rectal Cancer.; This is NOT a Medicare member.

Radiation Oncology Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.

Radiation Oncology Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Colo-rectal Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.

Radiation Oncology Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.

Radiation Oncology Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.

Radiation Oncology Approval 78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY
This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.
This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made); This study is being requested for Ovarian or Esophageal Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Breast Cancer.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; There is existing evidence of metastasis or other tumor in the body.; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being requested for Head/Neck Cancer.; It is unknown if the patient has Thyroid or Brain cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; There is existing evidence of metastasis or other tumor in the body.; This study is being requested for Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being requested for Head/Neck Cancer.; It is unknown if the patient has Thyroid or Brain cancer.; This is NOT a Medicare member.

This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test. 1
'None of the above' describes the reason for this request.; Initial staging prior to treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT
This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on a biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.
This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.

Yes, this is a request for CT Angiography of the brain.

Yes, this is a request for CT Angiography of the abdomen.

Yes this is a request for a Knee MRI.; The ordering physician is not an oncologist or orthopedist.; This study is being ordered for staging.; Known Tumor
This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Yes this is a request for a Diagnostic CT
This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastes.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT
This is a request for CT Angiography of the Abdomen and Pelvis.

Yes, this is a request for CT Angiography of the abdomen.
<table>
<thead>
<tr>
<th>Approval/Disapproval</th>
<th>Study Details</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>Approval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>Approval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>Approval</td>
<td>74181 MRI ABDOMEN</td>
<td>This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; &quot;There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.&quot;; &quot;The patient has not had an abdominal ultrasound, CT, or MR study.;&quot;</td>
</tr>
<tr>
<td>Approval</td>
<td>78451 Myocardial perfusion imaging, tomographic (SPECT); single study</td>
<td>arterial fibrillation; The caller indicated that the study was not ordered for: Known or suspected coronary artery disease, post myocardial infarction evaluation, pre operative or post operative (Cardiac surgery, angioplasty or stent) evaluation.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.</td>
</tr>
<tr>
<td>Disapproval</td>
<td>74150 CT ABDOMEN WITHOUT CONTRAST</td>
<td>This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>Disapproval</td>
<td>74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST</td>
<td>This is a request for CT Angiography of the Abdomen and Pelvis.</td>
</tr>
<tr>
<td>Disapproval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; The study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT &lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study);; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.</td>
</tr>
<tr>
<td>Disapproval</td>
<td>78451 Myocardial perfusion imaging, tomographic (SPECT); single study</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; muscle spasms weakness radiating to the arms; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.</td>
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<tr>
<td>Date</td>
<td>Code Description</td>
<td>Details</td>
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<tr>
<td>72141</td>
<td>MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
<td>This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?</td>
</tr>
<tr>
<td>72148</td>
<td>MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?</td>
</tr>
<tr>
<td>72148</td>
<td>MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection</td>
</tr>
<tr>
<td>73720</td>
<td>MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT</td>
<td>This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?</td>
</tr>
<tr>
<td>72146</td>
<td>MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
</tr>
</tbody>
</table>
walk. Unable to heel walk. Abnormal/exaggerated appearing thoracic kyphosis is noted. Scoliosis is noted. Kyphosis is noted. Palpation of lumbar facet joints at L3-4, L4-5, and L5-S1 levels reproduced lower back pain. Palpation of thoracic facet joints; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1999; There has been treatment or conservative therapy.; n. The patient complains of pain in lower back and legs. Patient has been experiencing this pain for last several years. Reports onset of pain gradual. Stated that the pain has progressively gotten worse, not being controlled with rest, activity modification; Patient has tried following medications for pain: Over the counter anti-inflammatory meds such as Ibuprofen and Aleve, Hydrocodone and Gabapentin in the past. The treatments tried in the past include bed rest, ice, heat therapy, massage, physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Rehabilitations Disapproval
Radiology Services Denied Not Medically Necessary

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Rehabilitations Disapproval
Radiology Services Denied Not Medically Necessary

CAUSE OF PAIN; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks; The patient has seen the doctor more then once for these symptoms; The physician has directed conservative treatment for the past 6 weeks; It is not known if the patient has completed 6 weeks of physical therapy; The patient has been treated with medication; other medications as listed; The patient has not completed 6 weeks or more of Chiropractic care; The physician has directed a home exercise program for at least 6 weeks; The home treatment did include exercise, prescription medication and follow-up office visits; 

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Rehabilitations Disapproval
Radiology Services Denied Not Medically Necessary

Robactin, Sycobendrine, Lamotrigine, Nauroten, Narco, Temazepam

1
walk. Unable to heel walk. Abnormal/exaggerated appearing thoracic kyphosis is noted. Scoliosis is noted. Kyphosis is noted.

Palpation of lumbar facet joints at L3-4, L4-5, and L5-S1 levels reproduced lower back pain. Palpation of thoracic facet joints; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1999; There has been treatment or conservative therapy.; n. The patient complains of pain in lower back and legs. Patient has been experiencing this pain for last several years. Reports onset of pain gradual. Stated that the pain has progressively gotten worse, not being controlled with rest, activity modifi; Patient has tried following medications for pain: Over the counter anti-inflammatory meds such as Ibuprofen and Aleve, Hydrocodone and Gabapentin in the past.; The treatments tried in the past include bed rest, Ice, heat therapy, massage, physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

<table>
<thead>
<tr>
<th>Code</th>
<th>Service Description</th>
<th>Approval/Disapproval</th>
<th>Radiology Services Denied</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>72148</td>
<td>MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>Disapproval</td>
<td>Not Medically Necessarily</td>
<td>This is a request for orbit, face, or neck soft tissue MRI.239.8; The study is ordered for trauma or injury of the orbit, face or neck soft tissue</td>
</tr>
<tr>
<td>70540</td>
<td>MRI ORBIT/FACE/NECK W/O DYE</td>
<td>Approval</td>
<td></td>
<td>There is an immediate family history of aneurysm.; This is a request for a Brain MRA.</td>
</tr>
<tr>
<td>70544</td>
<td>Mr angiography head w/o dye</td>
<td>Approval</td>
<td></td>
<td>This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.</td>
</tr>
<tr>
<td>70551</td>
<td>MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>Approval</td>
<td></td>
<td>This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.</td>
</tr>
<tr>
<td>70551</td>
<td>MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>Approval</td>
<td></td>
<td>Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.</td>
</tr>
<tr>
<td>71250</td>
<td>CT CHEST, THORAX</td>
<td>Approval</td>
<td></td>
<td>Enter answer here - or Type In Unknown If No Info Given. &gt; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT &lt;</td>
</tr>
</tbody>
</table>
Unknown; “There is evidence of a lung, mediastinal or chest mass noted within the last 30 days.”; It is unknown if they had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT

Previous CT was done, wants to get better look at chest; This is a request for an MR Angiogram of the chest or thorax

This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is to be part of a myelogram or discogram.; Yes this is a request for a Diagnostic CT

This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.

This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.

This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; Yes, this patient had a recent course of supervised physical Therapy.

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; Ms. Waldrip is a 60 year old female who comes on referral of Dr. West for RA evaluation. She has a previous diagnosis of RA, previously followed by Dr. Jones. She reports that she is “falling apart.” She also reports a previous diagnosis of fibromyalgia,

UNKNOWN: This study is being ordered for a neurological disorder.; 05/09/2017; There has been treatment or conservative therapy.; BACK AND NECK PAIN; MEDICATIONS, XRAYS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

The patient does have neurological deficits.; This is a request for a thoracic spine MRI.; “The patient has not been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.”.; This is a continuation or recurrence of symptoms related to a previous surgery or fracture.; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; &<Enter Additional Clinical Information>; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.
The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain.; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has been treated with medication.; the patient was treated with a facet joint injection.

The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection.

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks.

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)

This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT

This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.

This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.

This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for bilateral hip avascular necrosis.

UNKNOWN; This study is being ordered for a neurological disorder.; 05/09/2017; There has been treatment or conservative therapy.; BACK AND NECK PAIN; MEDICATIONS, XRAYS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
This study is being ordered for Inflammatory/ Infectious Disease.;; There has been treatment or conservative therapy.;; Describe treatment /gabapentin conservative therapy here - or Type In Unknown If No Info Given; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for Inflammatory/ Infectious Disease.; Approximately 6 years ago; There has been treatment or conservative therapy.; MULTIPLE JOINT PAIN. REFERRED TO DR. CHI FOR INFLAMMATORY ARTHRITIS.;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.

The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is a history of upper extremity trauma or injury.

The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or soft tissue infection.

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

; This study is being ordered for Inflammatory/ Infectious Disease.;; There has been treatment or conservative therapy.;; Describe treatment /gabapentin conservative therapy here - or Type In Unknown If No Info Given; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
This study is being ordered for Inflammatory/Infectious Disease; Approximately 6 years ago; There has been treatment or conservative therapy; MULTIPLE JOINT PAIN. REFERRED TO DR. CHI FOR INFLAMMATORY ARTHRITIS.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Enter date of initial onset here 11/07/2005 - or Type In Unknown If No Info Given; There has been treatment or conservative therapy; Describe primary symptoms here - Abnormal labs, pain and stiffness in his hands and feet.

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment.; The patient does not have a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment.; MRI of the right shoulder to rule out rotator cuff tear. Restriction of shoulder movement. Tenderness - Mild tenderness in the PIPs and MCPs. Bilateral & right; Restricted movement - Severe restriction on abduction in both shoulders, more on right side. According to

The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; It is not known if the study is ordered prior to arthroscopic surgery.; It is not known if the study is for pre-operative planning; He can’t abduct shoulder, rotator cuff surgery.

The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis; The patient has had recent plain films of the shoulder.; The plain films were not normal.

The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy.
This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks; The patient does have an abnormal plain film study of the joint; The patient has been treated with and failed a course of four weeks of supervised physical therapy.

This is a request for an upper extremity joint MRI; The patient does have documented weakness or partial loss of feeling in the upper extremity; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks; The patient does have an abnormal plain film study of the joint; The patient has not been treated with and failed a course of four weeks of supervised physical therapy; The patient has a documented limitation of their range of motion; The patient has experienced pain for greater than six weeks; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; There has been treatment or conservative therapy; Describe primary symptoms here - or Type In Unknown If No Info Given; medication, PT;

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for a foot MRI; The study is being ordered for foot pain; The study is being ordered for chronic pain; The patient has had foot pain for over 4 weeks; The patient has been treated with anti-inflammatory medication for at least 6 weeks. Osteoarthritis of knee, pt has completed PT and steroid injections and anti-inflammatory meds; This is a request for a Knee MRI; The study is requested for knee pain; The pain is not from a recent injury, old injury, chronic pain or a mass. Positive SSA; This study is being ordered for Inflammatory/ Infectious Disease; 7/2017; There has been treatment or conservative therapy; Muscle weakness worsening, weight loss, EMG shows no muscle damage. CPK levels are elevated; Lab tests, and steroids; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

pt. is using crutches to walk, twisted knee, buckling when trying to stand, effusion on knee, medication; This is a request for a Knee MRI; The study is requested for knee pain; The pain is from a recent injury; There is a suspicion of a meniscus, tendon, or ligament injury; Surgery or arthroscopy is not scheduled in the next 4 weeks.

This is a request for a foot MRI; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition; There is a history of new onset of severe pain in the foot within the last two weeks.
This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Instability

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Limited range of motion

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Limited range of motion

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; &lt;Additional Clinical Information&gt;; Suspicous Mass or Suspected Tumor/ Metastasis

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is an orthopedist.; There is no suspected meniscus, pre-op or post-op evaluation, non-acute Chronic Pain, suspected tumor or Aseptic Necrosis; Pain greater than 3 days

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; Yes, the member experience a painful popping, snapping, or giving away of the knee.

This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.

This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.
This is a request for an Ankle MRI.; There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.

This is a request for an Ankle MRI.; There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.

This is a request for an Ankle MRI.; There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.

This is a request for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.

This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.; There is a suspicion of AVN.

This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.; There is a suspicion of AVN.; The patient is receiving long-term steroid therapy (Prednisone or Cortisone).

This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone); The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.
This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.

This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT

This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.

This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.

Chest pain describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT; restrictive lung disease; shortness of breath, chest pain. ruling out PE; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT

This is a request for a Thorax (Chest) CT.; Unexplained weight loss describes the reason for this request.; Yes this is a request for a Diagnostic CT
Rheumatology Disapproval
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

Rheumatology Disapproval
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

Rheumatology Disapproval
72196 MRI PELVIS Radiology Services Denied Not Medically Necessary

Rheumatology Disapproval
72196 MRI PELVIS Radiology Services Denied Not Medically Necessary

Rheumatology Disapproval
73220 MRI UPPER EXTREMITY, ENTIRE EXTREMITY, NOT A JOINT Radiology Services Denied Not Medically Necessary

Rheumatology Disapproval
73220 MRI UPPER EXTREMITY, ENTIRE EXTREMITY, NOT A JOINT Radiology Services Denied Not Medically Necessary

Rheumatology Disapproval
73221 MRI JOINT OF UPPER EXTREMITY Radiology Services Denied Not Medically Necessary

Rheumatology Disapproval
73221 MRI JOINT OF UPPER EXTREMITY Radiology Services Denied Not Medically Necessary

This study is being ordered for Inflammatory/Infectious Disease; 10/2015; There has been treatment or conservative therapy.; pain, difficulty walking.; Done HEP, meds, steroids.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for Inflammatory/Infectious Disease.; The patient has acute or chronic back pain.; The patient has none of the above.

This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.

One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

WILL JUST UPLOAD NOTES; This study is being ordered for Inflammatory/Infectious Disease.; SPRING 2017; There has been treatment or conservative therapy.; WILL JUST UPLOAD NOTES; WILL JUST UPLOAD NOTES; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

WILL JUST UPLOAD NOTES; This study is being ordered for Inflammatory/Infectious Disease.; SPRING 2017; There has been treatment or conservative therapy.; WILL JUST UPLOAD NOTES; WILL JUST UPLOAD NOTES; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

ONE OF THE STUDIES BEING ORDERED IS NOT A BREAST MRI, CT COLONOSCOPY, EBCT, MRS, PET SCAN, OR UNLISTED CT/MRI.; THE ORDERING MD'S SPECIALTY IS NOT HEMATOLOGY/Oncologist, THORACIC SURGERY, ONCOLOGY, SURGICAL ONCOLOGY OR RADIATION ONCOLOGY.

ONE OF THE STUDIES BEING ORDERED IS NOT A BREAST MRI, CT COLONOSCOPY, EBCT, MRS, PET SCAN, OR UNLISTED CT/MRI.; THE ORDERING MD'S SPECIALTY IS NOT HEMATOLOGY/Oncologist, THORACIC SURGERY, ONCOLOGY, SURGICAL ONCOLOGY OR RADIATION ONCOLOGY.

ONE OF THE STUDIES BEING ORDERED IS NOT A BREAST MRI, CT COLONOSCOPY, EBCT, MRS, PET SCAN, OR UNLISTED CT/MRI.; THE ORDERING MD'S SPECIALTY IS NOT HEMATOLOGY/Oncologist, THORACIC SURGERY, ONCOLOGY, SURGICAL ONCOLOGY OR RADIATION ONCOLOGY.

ONE OF THE STUDIES BEING ORDERED IS NOT A BREAST MRI, CT COLONOSCOPY, EBCT, MRS, PET SCAN, OR UNLISTED CT/MRI.; THE ORDERING MD'S SPECIALTY IS NOT HEMATOLOGY/Oncologist, THORACIC SURGERY, ONCOLOGY, SURGICAL ONCOLOGY OR RADIATION ONCOLOGY.
ABDOMINAL PAIN, CHRONIC CONSTIPATION, LEFT LOWER QUADRANT PAIN, NO REBOUND OR GUARDING; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is not a request for initial staging of a known tumor other than prostate.; There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed abdominal mass.; No, there is not an abdominal and pelvic or retroperitoneal mass that has been confirmed.; Yes, this is a request for a Diagnostic CT.

Rheumatology Disapproval
74150 CT ABDOMEN WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary
This is a request for an Abdomen CT.; This study is being requested for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT.

Rheumatology Disapproval
74176 CT ABD & PELVIS W/O CONTRAST Radiology Services Denied Not Medically Necessary
This is a request for an Abdomen-Pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient has had a recent course of physical Therapy.

Rheumatology Disapproval
75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PRESSING Radiology Services Denied Not Medically Necessary
This is a request for CT Angiography of the abdominal arteries.

Rheumatology Disapproval
78451 Myocardial perfusion imaging, tomographic (SPECT); single study Radiology Services Denied Not Medically Necessary
This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (Transient ischemic attack).; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBC, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Sports Medicine Approval
70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST
This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurologic deficits.; Yes, there is a documented evidence of extremity weakness on physical examination.

Sports Medicine Approval
72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurologic deficits.; Yes, there is a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; Yes, this patient had a recent course of supervised physical Therapy.
72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBC, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Pt presents with low back pain, has had IM cortisone injections in the past with the last injection being about a year ago. Pt had a herniated disc that was repaired back in 1995. Pain is worse in the morning and after sitting for a while with associated.

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The patient has completed 6 weeks of physical therapy?

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient has 6 weeks of completed Conservative care in the past 3 months or had a spine injection

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)

This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.

This is a request for a Knee MRI.; There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has a documented limitation of their range of motion.

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury
73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT
This is a request for a hip MRI.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injury is not suspected.; The hip pain is due to a recent injury.; The request is for hip pain.

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
Radiology Services Denied
Not Medically Necessary
Called patient regarding EMG/NC test results. Told patient Dr. Cassat would like her to have cervical MRI, because it looks to be more from cervical area and not brachial plexus.; This is a request for cervical spine MRI; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.

72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST
Radiology Services Denied
Not Medically Necessary
It is not known if the patient has any neurological deficits.; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; chronic bilateral sciatica with an underlying diffuse disc bulge at L4-5, causing moderate to severe right foraminal stenosis and more moderate left foraminal stenosis.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is experiencing sensory abnormalities such as numbness or tingling.

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST
Radiology Services Denied
Not Medically Necessary
This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
<table>
<thead>
<tr>
<th>Location</th>
<th>Approval/Disapproval</th>
<th>Medicare Code</th>
<th>Radiology Services Denied</th>
<th>Diagnosis/Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRI PELVIS</td>
<td>Disapproval</td>
<td>72196</td>
<td>Not Medically Necessary</td>
<td>The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?</td>
</tr>
<tr>
<td>MRI JOINT OF</td>
<td>Disapproval</td>
<td>73221</td>
<td>Not Medically Necessary</td>
<td>The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?</td>
</tr>
<tr>
<td>CT BRAIN, HEAD</td>
<td>Approval</td>
<td>70450</td>
<td></td>
<td>Patient had a pre-operative chest x-ray, showing tracheal deviation at the cervicothoracic junction. The surgeon would like to rule out any mass by CT before going through with surgery.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
</tr>
<tr>
<td>CT SINOUS, FACE,</td>
<td>Approval</td>
<td>70486</td>
<td></td>
<td>Suspicious mass found on physical exam U/s showed 1.22cm x 1.97cm x 1.58cm; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
</tr>
<tr>
<td>JAW, MANDIBLE, MA</td>
<td>Approval</td>
<td>70490</td>
<td>ETC. NO CONTRAST</td>
<td>This is a request for neck soft tissue CT.; The study is being ordered for Initial Staging.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>XILLOFACIAL NO</td>
<td>Approval</td>
<td>70490</td>
<td>ETC. NO CONTRAST</td>
<td>This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>CT NECK SOFT</td>
<td>Approval</td>
<td>70490</td>
<td>ETC. NO CONTRAST</td>
<td>This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>TISSUES, LARYNX,</td>
<td>Approval</td>
<td>70490</td>
<td>ETC. NO CONTRAST</td>
<td>This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT.</td>
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<tr>
<td>THYROID ETC.</td>
<td>Approval</td>
<td>70490</td>
<td>ETC. NO CONTRAST</td>
<td>This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT.</td>
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<tr>
<td>Surgery</td>
<td>Approval</td>
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<tr>
<td>70496</td>
<td>CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST RAST</td>
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<tr>
<td>Yes, this is a request for CT Angiography of the Neck.</td>
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<tr>
<td>70498</td>
<td>CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST RAST</td>
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<tr>
<td>Yes, this is a request for CT Angiography of the Neck.</td>
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<tr>
<td>71250</td>
<td>CT CHEST, THORAX</td>
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<tr>
<td>Abdominal pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2016; There has been treatment or conservative therapy.; lung nodule, chest pain; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<tr>
<td>71250</td>
<td>CT CHEST, THORAX</td>
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<td>Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT</td>
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<tr>
<td>71250</td>
<td>CT CHEST, THORAX</td>
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<tr>
<td>Abnormal imaging test describes the reason for this request.; This is a request for a Diagnostic CT</td>
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<tr>
<td>71250</td>
<td>CT CHEST, THORAX</td>
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<tr>
<td>Abnormal imaging test describes the reason for this request.; This is a request for a Diagnostic CT</td>
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</table>
EGD FOR DYSPESIA REAVALING LOWER ESOPHAGEAL ADENOCARCINOMA AND HEARTBURN; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

EHPI: Mr. Brown is a 62yo male with a history of HTN who was referred to the general surgery clinic for a large incisional hernia in RUQ. He had an open cholecystectomy in July and a incisional hernia repair in April. He states that he wears an abdominal ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Follow up for lung nodule; A Chest/Thorax CT is being ordered.; This study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT.

none; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT.

Patient had a pre-operative chest x-ray, showing tracheal deviation at the cervicothoracic junction. The surgeon would like to rule out any mass by CT before going through with surgery.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Onset unknown - deviation found on pre-operative chest x-ray.; There has not been any treatment or conservative therapy.; Patient had an abnormal pre-operative chest x-ray showing tracheal deviation. CT is being ordered to rule out a mass.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT.

Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT.

The patient has been diagnosed with adenocarcinoma of the rectosigmoid junction. Patient is scheduled for a colon resection. Patient had an abnormal pre-operative chest x-ray, showing pleural effusion. Abd/Pelvis/Chest CT ordered for pre-operative assessment; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Surgery  Approval  71250 CT CHEST, THORAX
Will provide if needed; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Surgery  Approval  71250 CT CHEST, THORAX
Yes, the patient was seen by a specialist because of the traumatic injury.; Chest pain describes the reason for this request.; The patient as seen by another type of surgical specialist; This is a request for a Chest CT.; This study is being requested for chest injury or trauma within the past 2 weeks.; Yes this is a request for a Diagnostic CT

Surgery  Approval  71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

Upper Gi study was done that showed a mild contoured deformity.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.

Surgery  Approval  71550 MRI CHEST
This study is being ordered for a work-up of a suspicious mass.; There is radiographic or physical evidence of a lung or chest mass.; This is a request for a chest MRI.

Surgery  Approval  72131 CT LUMBAR SPINE, LOW BACK
This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT

This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT n/a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2000; There has been treatment or conservative therapy.; Low back and pelvic pain; Miralax; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Surgery  Approval  72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
This is a request for cervical spine MRI; acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.

Surgery  Approval  72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST
This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Approval</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST</td>
<td>The patient does not have any neurological deficits; This is a request for a thoracic spine MRI; There has been a supervised trial of conservative management for at least 6 weeks; The study is being ordered due to chronic back pain or suspected degenerative disease.</td>
<td>1</td>
</tr>
<tr>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>The study requested is a Lumbar Spine MRI; The patient does NOT have acute or chronic back pain; This procedure is being requested for Neurologic deficits</td>
<td>1</td>
</tr>
<tr>
<td>72192 CT PELVIS WITHOUT CONTRAST</td>
<td>Inguinal hernia; This study is being ordered as pre-operative evaluation; &quot;The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient.&quot;; This is a request for a Pelvis CT; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>72192 CT PELVIS WITHOUT CONTRAST</td>
<td>Unknown; This study is being ordered as pre-operative evaluation; &quot;The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient.&quot;; This is a request for a Pelvis CT; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>72192 CT PELVIS WITHOUT CONTRAST</td>
<td>HAVING RIGHT GROIN PAIN NEED TO RULE OUT HERNIA PRIOR TO SURGERY; This study is being ordered as pre-operative evaluation; &quot;The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient.&quot;; This is a request for a Pelvis CT; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>72192 CT PELVIS WITHOUT CONTRAST</td>
<td>This is a request for a Pelvis CT; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>72192 CT PELVIS WITHOUT CONTRAST</td>
<td>Left lower quadrant pain possible hernia; This study is being ordered as pre-operative evaluation; &quot;The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient.&quot;; This is a request for a Pelvis CT; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
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<tr>
<td>72192 CT PELVIS WITHOUT CONTRAST</td>
<td>Pt had (L) inguinal hernia sx in 5/22/17. He is still experiencing left inguinal pain. Pt had a normal scrotal US. Request for a CT of his pelvis with IV contrast to rule out a recurrence. US was done 11/13/17. Pt also had a recent colonoscopy which was nor; This study is being ordered as pre-operative evaluation; &quot;The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient.&quot;; This is a request for a Pelvis CT; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>72192 CT PELVIS WITHOUT CONTRAST</td>
<td>This study is ordered due to known or suspected vascular disease; The ordering physician is a surgeon or PCP who is ordering on behalf of a surgeon who has seen the patient; This is a request for a Pelvis CT; Yes this is a request for a Diagnostic CT; This study is being ordered for some other reason than the choices given; This is a request for a Pelvis CT; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>72192 CT PELVIS WITHOUT CONTRAST</td>
<td>This study is being ordered as pre-operative evaluation; &quot;The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient.&quot;; This is a request for a Pelvis CT; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>72192 CT PELVIS WITHOUT CONTRAST</td>
<td>Pt is having pain he has been sent to therapy but no relief; This study is being ordered as pre-operative evaluation; &quot;The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient.&quot;; This is a request for a Pelvis CT; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>72192 CT PELVIS WITHOUT CONTRAST</td>
<td>Unknown; This study is being ordered as pre-operative evaluation; &quot;The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient.&quot;; This is a request for a Pelvis CT; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
</tbody>
</table>
Wendy M King is a 36 y.o. female who has struggled with chronic right groin pain since undergoing a right inguinal hernia repair with mesh in November 2015 by Dr. Halter at SVI in Hot Springs. She was first evaluated in clinic in late August at which time; This study is being ordered due to known or suspected infection; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;; It is not known if there has been any treatment or conservative therapy.;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

She has limited thumb range of motion. When she tries to oppose it to the small finger compared to the contralateral side. She has sensation changes and pain issue with thumb more the radial sensory nerve and the cutaneous branch the median nerve distribution; This study is being ordered for trauma or injury; 4/21/2017; There has been treatment or conservative therapy; She still has a lot of pain, soreness, and occasional swelling. She has pain and tenderness all along her thenar muscles and ranging from the first CMC joint along the first metacarpal bone and towards the first MCP joint. There is no gross instability, b; Conservative treatment of time, rest, anti-inflammatory, and activity modifications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

There is a history of upper extremity joint or long bone trauma or injury; This is a request for an Arm CT Non Joint; Yes this is a request for a Diagnostic CT; This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT; This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT.

She is tried splints, activity modifications, anti-inflammatory, and no improvement. At this point, she still symptomatic and is impacting her function and comfort; This study is being ordered for trauma or injury; 7/31/2016; There has been treatment or conservative therapy; Pain; Wrist sprain exercises, Ibuprofen, meloxicam, cockup wrist splints.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Surgery Approval

**73220 MRI UPPER EXTREMITY, ENTIRE EXTREMITY, NOT A JOINT**

This study is being ordered for Inflammatory/ Infectious Disease.; This study is being ordered for Congenital Anomaly.; 2/10/17; There has not been any treatment or conservative therapy.; patient has deformity in his right thumb and left index finger that also has swelling; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

**73220 MRI UPPER EXTREMITY, ENTIRE EXTREMITY, NOT A JOINT**

The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation. 18

The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.

The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.

X-rays also show cystic change of the middle phalanx, left index finger, possibly an enchondroma. At this point, we'll get MRIs of her left hand. Due to the cystic mass of the bone as well as her left wrist about the anatomy of the ECU.; This study is being ordered for Congenital Anomaly.; 8/2017; There has been treatment or conservative therapy.; ECU tendon subluxation, swelling and pain; Splinting; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

**73221 MRI JOINT OF UPPER EXTREMITY**

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 11/17/2017; There has been treatment or conservative therapy.; Pain, swelling, numbness, tingling; PT(2Xwk), splints for night wear; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
<table>
<thead>
<tr>
<th>Surgery Approval</th>
<th>73221 MRI JOINT OF UPPER EXTREMITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>This study is being ordered for Inflammatory/Infectious Disease.</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given. &gt;</td>
</tr>
<tr>
<td>There has been treatment or conservative therapy.</td>
<td>&lt;Enter date of initial onset here - or Type In Unknown If No Info Given &gt;</td>
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<tr>
<td>&lt;Describe primary symptoms here - or Type In Unknown If No Info Given &gt;</td>
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<tr>
<td>&lt;Describe treatment / conservative therapy here - or Type In Unknown If No Info Given &gt;</td>
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<tr>
<td>One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<tr>
<td>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/26/14; There has been treatment or conservative therapy.; right-hand-dominant who is currently not working he reports about a 6 year history of gradually worsening symptoms involving both the arms. The left seems to be worse than the right. Symptoms she relates include popping in the hands and wrists, numbness; She has had therapy in the past. She has used splints in the past and they used to help but they really do not help any longer. She has had injections in the past. She thinks they were done in the carpal tunnel and does not think they help. She says tha; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<tr>
<td>Chronic lymphedema of unknown etiology, now with right worse than left radial sided wrist and thumb base pain.; This study is being ordered for Inflammatory/Infectious Disease.; 7/4/2017; It is not known if there has been any treatment or conservative therapy.; Chronic lymphedema of unknown etiology, now with right worse than left radial sided wrist and thumb base pain.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<tr>
<td>n/a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2000; There has been treatment or conservative therapy.; Radiculopathy, shoulder pain in right shoulder, decreased range of motion, cervical stenosis, increased pain.; Surgery in 2000 and 2002, spinal injections, medication.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.</td>
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</tr>
<tr>
<td>The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; There are physical findings (palpable mass) of a suspicious mass or known primary site of cancer.; It is not known if the patient has had a recent bone scan.; The patient has not had recent plain films of the shoulder.; The patient has not had a recent CT of the shoulder.</td>
<td></td>
</tr>
<tr>
<td>The requested study is a Shoulder MRI.; The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; The request is for shoulder pain.</td>
<td></td>
</tr>
</tbody>
</table>
This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.

This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There is no history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient has an abnormal plain film study of the joint.; The patient does have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.;

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.;

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.;

This is a request for an upper extremity joint MRI.; The patient does not have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has been treated with and failed a course of four weeks of supervised physical therapy.
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X-rays also show cystic change of the middle phalanx, left index finger, possibly an enchondroma. At this point, we'll get MRIs of her left hand. Due to the cystic mass of the bone as well as her left wrist about the anatomy of the ECU.; This study is being ordered for Congenital Anomaly.; 8/2017; There has been treatment or conservative therapy.; ECU tendon subluxation, swelling and pain; Splinting; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.; This is a request for bilateral foot MRI.; diabetic &lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an Ankle MRI.; The study is not requested for any of the standard indications for Knee MRI; It is not known if the study is requested for ankle pain.

This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient does not have an abnormal plain film study of the foot other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient has a documented limitation of their range of motion.; This is a request for a foot MRI.; diabetic &lt;Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an Ankle MRI.; The study is not requested for any of the standard indications for Knee MRI; It is not known if the study is requested for ankle pain.
This is a request for a foot MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot.; There is not a suspected tarsal coalition.; There is not a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion."

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Instability; No, the member do not experience a painful popping, snapping, or giving away of the knee.

This is a request for a lower extremity MRI.; There is a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI.; There is not a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is a pre-operative study for planned surgery.

This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an infection.; The patient is taking antibiotics.

This is a request for an Ankle MRI.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.; There is a history of new onset of severe pain in the ankle within the last two weeks.; There is a suspected tarsal coalition.

This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is not a history (within the last six months) of significant trauma, dislocation, or injury to the hip.; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone).; The patient has not used a cane or crutches for greater than four weeks.; The patient has not been treated with and failed a course of supervised physical therapy.; There is a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; This is not for pre-operative planning.; The patient does not have a documented limitation of their range of motion.

This is a request for a Abdomen CT.; This is not for another reason besides Kidney/Ureteral stone, &n#x0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &n#x0D; Known or suspected infection such as pancreatitis, etc..; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT.
74150 CT ABDOMEN WITHOUT CONTRAST

This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is no evidence of organ enlargement on ultrasound, plain film, or IVP.; Yes this is a request for a Diagnostic CT.

74150 CT ABDOMEN WITHOUT CONTRAST

This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Urteral stone, &Rx0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &Rx0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis.

74150 CT ABDOMEN WITHOUT CONTRAST

EGD FOR DYPSIEA REAVALING LOWER ESOPHAGEAL ADENOCARCINOMA AND HEARTBURN; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

74150 CT ABDOMEN WITHOUT CONTRAST

FOLLOW UP ON 1.8NODULE; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There is suspicion of an adrenal mass (pheochromocytoma);. The suspicion of an adrenal mass was suggested by some type of imaging other than an Ultrasound.; Yes this is a request for a Diagnostic CT.

74150 CT ABDOMEN WITHOUT CONTRAST

follow-up todayAfter having seen Dr. Weston in regards to her continued problems with dysphagia abdominal pain and bloody mucusy diarrhea. He had diagnosed irritable bowel and had tried to arrange for rifaximin And also started her on Elavil thinking tha; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBT, MRS, PET Scan, or Unlisted CT/MRI.

74150 CT ABDOMEN WITHOUT CONTRAST

Gall stones, peri umbilical abdominal pain, nausea, vomiting; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Urteral stone, &Rx0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &Rx0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis.

74150 CT ABDOMEN WITHOUT CONTRAST

non stop pressure on left upper quadrant and left upper quadrant rigidity; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Urteral stone, &Rx0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &Rx0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis.

74150 CT ABDOMEN WITHOUT CONTRAST

This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Yes this is a request for a Diagnostic CT.

74150 CT ABDOMEN WITHOUT CONTRAST

This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Yes this is a request for a Diagnostic CT.
<table>
<thead>
<tr>
<th>Surgery Approval</th>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>74150 CT ABDOMEN WITHOUT CONTRAST</td>
<td>This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT</td>
<td>3</td>
</tr>
<tr>
<td>74150 CT ABDOMEN WITHOUT CONTRAST</td>
<td>This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>74150 CT ABDOMEN WITHOUT CONTRAST</td>
<td>This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn’s disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>74150 CT ABDOMEN WITHOUT CONTRAST</td>
<td>This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT</td>
<td>2</td>
</tr>
<tr>
<td>74150 CT ABDOMEN WITHOUT CONTRAST</td>
<td>This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>74150 CT ABDOMEN WITHOUT CONTRAST</td>
<td>Will provide if needed; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
<td>1</td>
</tr>
<tr>
<td>74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST</td>
<td>This is a request for CT Angiography of the Abdomen and Pelvis.</td>
<td>3</td>
</tr>
<tr>
<td>74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST</td>
<td>Unknown.; This study is being ordered for Vascular Disease.; Unknown.; It is not known if there has been any treatment or conservative therapy.; Unknown.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
<td>1</td>
</tr>
<tr>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given.&gt;; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
<td>2</td>
</tr>
<tr>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given.&gt;; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>&lt;Enter answer here - or Type In Unknown If No Info Given.&gt;; This is a request for an abdomen-pelvis CT combination.;</td>
<td>1</td>
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</tbody>
</table>
This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1 week ago; There has been treatment or conservative therapy.; upper quadrant pain, back pain, nausea; upper GI, US-both negative; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

1 week ago; There has been treatment or conservative therapy.; low back and pelvic pain; Miralax; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; 11/2/17; There has been treatment or conservative therapy.; low back and pelvic pain; Miralax; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for preoperative evaluation.; Surgery is not planned for within 30 days.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT.

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
36 her old female has a large recurrent incisional hernia anterior abdominal wall below the umbilicus. Started with laparoscopic cholecystectomy remotely then development of a hernia at her umbilicus during pregnancy repaired with mesh at the time of a ve; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

Abd Pain, Pt is s/p hyst & RSO(L Ovary US was normal). Pt states she has occasional nausea and constant LLQ pains. States she had hysterectomy in April 2017, dull; aching, getting worse; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT

abdominal pain; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/2016; There has been treatment or conservative therapy.; lung nodule, chest pain; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

back pain, joint pain pre op; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 3 weeks ago abdomen and pelvis 3 years ago spine; There has been treatment or conservative therapy.; chronic pain, nausea, abdomen bulging; prior surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

EHPH: Mr. Brown is a 62yo male with a history of HTN who was referred to the general surgery clinic for a large incisional hernia in RUQ. He had an open cholecystectomy in July and a incisional hernia repair in April. He states that he wears an abdominal ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

FAX; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

ernia, gunshot wound to the abdomen 01/2016; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT

mass causing pain which is 7 out of 10; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT
Patient Underwent Laparoscopic Sigmoid Colectomy on 11/21/2017 - starting at 8 pm last night 12/3/17 she began having severe lower abdominal pain.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

Perforated ulcer repair done and having pain in the back below the left shoulder pain and pain is unbearable.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT

Post exam showing complications from lap ippv; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

Pt has had abdominal surgery, looking for hernia; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

The patient has been diagnosed with adenocarcinoma of the rectosigmoid junction. Patient is scheduled for a colon resection. Patient had an abnormal pre-operative chest x-ray, showing pleural effusion. Abd/Pelvis/Chest CT ordered for pre-operative assessm; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

The Pt has abdominal mass, hernia, a bdominal pain; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT
This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT
This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; There has not been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient has Diverticulitis.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for staging.; This study is not being requested for abdominal and/or pelvic pain.; The patient is female.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT
<table>
<thead>
<tr>
<th>Requested CT Combination</th>
<th>74176 CT ABD &amp; PELVIS W/O CONTRAST</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; The study is requested for post-op evaluation.; The study is requested as a first follow up study for a suspected or known post-op complication.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>11</td>
<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>11</td>
<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation.; Yes this is a request for a Diagnostic CT</td>
<td>3</td>
</tr>
<tr>
<td>1</td>
<td>This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; The requested study is not a first follow up study for a post operative complication.; Pre-op or post op evaluation.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>10</td>
<td>This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT</td>
<td>10</td>
</tr>
<tr>
<td>2</td>
<td>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; &lt;Enter Additional Clinical Information&gt;.; Yes this is a request for a Diagnostic CT</td>
<td>2</td>
</tr>
<tr>
<td>Surgery Approval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td></td>
</tr>
<tr>
<td>------------------</td>
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<td></td>
</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Chief Complaint &amp;x0D; &quot;Having belly pain&quot; &amp;x0D; &amp;x0D; History Of Present Illness &amp;x0D; The patient is a 24 year old Caucasian/White female, who presents on referral by Heather Hart APN, for evaluation of abdominal pain after cholecystectomy in 2011 at &quot;Five Rivers Medi; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Had Hernia surgery 15 yrs ago and now has pain in that area; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Suspected diverticulitis; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are no new symptoms including hematuria.; There are no new lab results or other imaging studies including ultrasound, Doppler or plain films findings.; There is not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass suggested by physical exam, lab studies, IVP or ultrasound.; Suspicious Mass or Tumor; Abdominal Mass noted on exam. Pre-surgical evaluation to r/o hernia vs mass; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There has NOT been a recent (within the last 3 months) Abdomen and/or Pelvis CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; yes, there is a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; This is for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; Trauma; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; 

1

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

2

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT

1

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; Yes this is a request for a Diagnostic CT

1

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT

1

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; Yes this is a request for a Diagnostic CT

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This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; Yes this is a request for a Diagnostic CT

1

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT

2

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

1

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; Yes this is a request for a Diagnostic CT

1

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT

1

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; Yes this is a request for a Diagnostic CT

1
This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; upper GI reveals mass, rlo pancreatic or dualdenal; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was not performed.; Yes this is a request for a Diagnostic CT.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of metastasis.
This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This request is for an Abdomen MRI.; The study is being ordered for known or suspected infection.; "The ordering physician is a gastroenterologist, urologist, or infectious disease specialist.".; Chronic Pancreatitis

This request is for an Abdomen MRI.; The patient is not presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; unknown

This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";

This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; abd CT viewed +2cm enlarged right adrenal gland

This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; preop evaluation for consideration of pancreatic resection/Whipple's surgery

This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; Surgery is planned for within 30 days.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;; "The patient has had an abdominal ultrasound, CT, or MR study.;"

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;; "The patient has had an abdominal ultrasound, CT, or MR study.;; &lt; Enter answer here - or Type In Unknown if No Info Given. &gt;

This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Abdominal pain pos from lifting weights Pain radiating to the groin

This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; PANCREATIC CYST

Yes, this is a request for CT Angiography of the abdominal arteries.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>77058 MRI breast, without and/or with contrast material(s); unilateral</td>
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<tr>
<td>77058 MRI breast, without and/or with contrast material(s); unilateral</td>
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<tr>
<td>77058 MRI breast, without and/or with contrast material(s); unilateral</td>
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<tr>
<td>77058 MRI breast, without and/or with contrast material(s); unilateral</td>
<td></td>
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<tr>
<td>77058 MRI breast, without and/or with contrast material(s); unilateral</td>
<td></td>
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<tr>
<td>77058 MRI breast, without and/or with contrast material(s); unilateral</td>
<td></td>
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<tr>
<td>78451 Myocardial perfusion imaging, tomographic (SPECT); single study</td>
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</tr>
<tr>
<td>78472 CARDIAC OR HEART BLOOD POOL IMAGING</td>
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</tbody>
</table>

- &lt; Enter answer here - or Type In Unknown If No Info Given.&gt; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.
- This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.
- This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.
- Newly diagnosed Left Breast Cancer.; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.
- This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a suspected implant rupture.
- This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast associated with an increased cancer risk.
- This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.
- This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.
- This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.
- The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.
- This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; It is not known if chemotherapy has been initiated or completed.; Chemotherapy is planned.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;
This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made); This study is being requested for Breast Cancer.; This is for evaluation of axillary lymph nodes.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made); This study is being requested for Breast Cancer.; This is NOT for an evaluation of axillary lymph nodes.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for Breast Cancer.; This is for evaluation of axillary lymph nodes.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made); This study is being requested for Breast Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for Breast Cancer.; This is for evaluation of axillary lymph nodes.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made); This study is being requested for Colo-rectal Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for Breast Cancer.; This is for evaluation of axillary lymph nodes.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for Breast Cancer.; This is for evaluation of axillary lymph nodes.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for Breast Cancer.; This is for evaluation of axillary lymph nodes.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.
<table>
<thead>
<tr>
<th>Surgery</th>
<th>Approval/Disapproval</th>
<th>Code</th>
<th>Description</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery</td>
<td>Approval</td>
<td>93350 ECHO TTHRC R-T</td>
<td>2D →M-MODE COMPLETE</td>
<td>REST&amp;STRS</td>
</tr>
<tr>
<td>Surgery</td>
<td>Approval</td>
<td>S8037 mrcp</td>
<td>ERCP not done at facility;</td>
<td>This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.</td>
</tr>
<tr>
<td>Surgery</td>
<td>Approval</td>
<td>S8037 mrcp</td>
<td>This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.</td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td>Approval</td>
<td>S8037 mrcp</td>
<td>Patient with gallstones, abdominal pain and n/v.;</td>
<td>This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.</td>
</tr>
<tr>
<td>Surgery</td>
<td>Approval</td>
<td>S8037 mrcp</td>
<td>This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; It is not known if patient requires evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.</td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td>Disapproval</td>
<td>70450 CT BRAIN, HEAD</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
</tr>
<tr>
<td>Surgery</td>
<td>Disapproval</td>
<td>70450 CT BRAIN, HEAD</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
</tr>
<tr>
<td>Surgery</td>
<td>Disapproval</td>
<td>70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
</tr>
<tr>
<td>Surgery</td>
<td>Disapproval</td>
<td>70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
</tr>
<tr>
<td>Surgery</td>
<td>Disapproval</td>
<td>71250 CT CHEST, THORAX</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
</tr>
</tbody>
</table>
&lt;Enter answer here - or Type In Unknown If No Info Given.&gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1 week ago; There has been treatment or conservative therapy.; upper quadrant pain, back pain, nausea; upper GI, US-both negative; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT Evaluate hiatal hernia, EGD on 11/16 with biopsy, need full sizing of that for pre op evaluation, located in esophageal 36cm from teeth, moderate gastritis, pre op for possible repair; There is not a known inflammatory disease.; There is not a known tumor.; There is no known vascular disease.; A Chest/Thorax CT is being ordered.; The patient is NOT having an operation on the chest or lungs.; The study is being ordered for none of the above.; This study is being ordered for a pre-operative evaluation.; Yes this is a request for a Diagnostic CT 1

Chief Complaint &quot;Spot on my mammogram&quot; &amp;lt;x0D;&amp;lt;x0D;&amp;lt;x0D;&amp;lt;x0D; History Of Present Illness &amp;lt;x0D; The patient is a 38 year old Caucasian/White female, who presents on referral from Steven Emerson MD, for a surgical evaluation of a biopsy-proven carcinoma. This was detected on.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography. 1

This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; There is no suspicion of lumbar spine infection.; There is no suspicion of lumbar spine neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT 1
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>This is a request for cervical spine MRI; Trauma or recent injury; No, the patient does not have new or changing neurological signs or symptoms.</td>
</tr>
<tr>
<td>72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>There are no documented clinical findings of immune system suppression; This is a request for a thoracic spine MRI; The patient is not experiencing back pain associated with abdominal pain; The caller indicated the the study was not ordered for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis, Follow up to or Pre-operative evaluation, or Neurological deficits.; Marcie L Anderson is a 33 y.o. female with no PMH that presents with a year hx of worsening upper back and b/l shoulder pain. She states pain starts in mid-upper back and neck and radiates down her shoulders. She complains of some numbness and tingling i chronic back pain, arthritis, 2 surgeries, pain management; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; unable to walk probably.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</td>
</tr>
<tr>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>The patient has NOT had back pain for over 4 weeks.</td>
</tr>
<tr>
<td>72192 CT PELVIS WITHOUT CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>F/U to CT on 10/5/17 for drain check; The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; “The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient.”; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT large bulge that protruded with strain; This study is being ordered because of a suspicious mass/ tumor.; “The patient has NOT had a pelvic ultrasound, barium, CT, or MR study.”; This is a request for a Pelvis CT.; There are NO documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>72196 MRI PELVIS</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>&lt;Enter answer here - or Type Unknown If No Info Given. &gt;; This is a request for a Pelvis MRI.; It is not known if surgery is planned for within 30 days.; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.</td>
</tr>
<tr>
<td>Surgery</td>
<td>Disapproval</td>
<td>Code</td>
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<tr>
<td>MRI PELVIS</td>
<td>72196</td>
<td>Radiology Services Denied</td>
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<tr>
<td>PELVIS</td>
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Patient has left lower quadrant pain and suprapubic tenderness. Ultrasound and CT were negative for hernia. Do not want to repeat those exams. Due to chronicity and severity would like to do MRI; This is a request for a Pelvis MRI; The study is being ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, 
Suspected joint or bone infect

| MRI PELVIS | 72196 | Radiology Services Denied | Not Medically Necessary |
| PELVIS | | | |
| | | | |
| | | | |

Suspected sports hernia. Patient has had pelvic pain. She had an abdominal ultrasound and transvaginal ultrasound which were unremarkable. Needing further imaging for diagnosis and possible surgery depending on findings; This is a request for a Pelvis MRI; It is not known if surgery is planned for within 30 days; The study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.

| CT ARM OR UPPER EXTREMITY | 73200 | Radiology Services Denied | Not Medically Necessary |
| - | - | - | |
| | | | |
| | | | |

Abnormal x-rays; No improvement in the patient's condition; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 02/2017; There has been treatment or conservative therapy; Bilateral shoulder pain; Bilateral hip pain; Constipation; EGD/Colonoscopy; Medications for pain and inflammation and constipation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

| CT ARM OR UPPER EXTREMITY | 73200 | Radiology Services Denied | Not Medically Necessary |
| - | - | - | |
| | | | |
| | | | |

She has limited thumb range of motion. When she tries to oppose it to the small finger compared to the contralateral side. She has sensation changes and pain issue with thumb more the radial sensory nerve and the cutaneous branch the median nerve distribu; This study is being ordered for trauma or injury; 4/21/2017; There has been treatment or conservative therapy; She still has a lot of pain, soreness, and occasional swelling. She has pain and tenderness all along her thenar muscles and ranging from the first CMC joint along the first metacarpal bone and towards the first MCP joint. There is no gross instability, b; Conservative treatment of time, rest, anti-inflammatory, and activity modifications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

| MRI UPPER EXTREMITY, ENTIRE | 73220 | Radiology Services Denied | Not Medically Necessary |
| - | - | - | |
| | | | |
| | | | |

Chronic lymphedema of unknown etiology, now with right worse than left radial sided wrist and thumb base pain; This study is being ordered for Inflammatory/ Infectious Disease; 7/4/2017; It is not known if there has been any treatment or conservative therapy; Chronic lymphedema of unknown etiology, now with right worse than left radial sided wrist and thumb base pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

| MRI UPPER EXTREMITY, NOT A JOINT | 73220 | Radiology Services Denied | Not Medically Necessary |
| - | - | - | |
| | | | |
| | | | |

Surgery, Oncology, Surgical Oncology or Radiation Oncology
Surgery  Disapproval
73220 MRI UPPER EXTREMITY, ENTIRE EXTREMITY, NOT A JOINT
Radiology Services Denied
Not Medically Necessary

Her plain films do not correlate with the symptoms and she's failed conservative treatment.; This study is being ordered for Inflammatory/Infectious Disease.; 9/4/2015; There has been treatment or conservative therapy.; She has altered sensation and pain throughout multiple nerve distribution areas.; She's failed conservative treatment of time, rest, splints, therapy, and medications including gabapentin and tramadol.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Surgery  Disapproval
73221 MRI JOINT OF UPPER EXTREMITY
Radiology Services Denied
Not Medically Necessary

abnormal x-rays &x0D; no improvement in the patients condition; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/2017; There has been treatment or conservative therapy.; bilateral shoulder pain&x0D; bilateral hip pain&x0D; constipation; egd/colonoscopy&x0D; medications for pain and inflammation and constipation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Surgery  Disapproval
73700 CT LEG OR LOWER EXTREMITY
Radiology Services Denied
Not Medically Necessary

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Surgery  Disapproval
73706 CT ANGIOGRAPHY LOWER EXTREMITY
Radiology Services Denied
Not Medically Necessary

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 11/5/17; There has been treatment or conservative therapy.; swelling, pain; NSAIDS, elevation; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Surgery  Disapproval
73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT
Radiology Services Denied
Not Medically Necessary

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; There is neither a known nor a strong suspicion of kidney or ureteral stones.; It is not known if this patient is experiencing hematuria.; Yes this is a request for a Diagnostic CT.
<table>
<thead>
<tr>
<th>Surgery</th>
<th>Disapproval</th>
<th>Code</th>
<th>Description</th>
<th>Radiology Services</th>
<th>Medical Necessity</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>74150</td>
<td>CT ABDOMEN WITHOUT CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>abdominal pain; This is a request for an Abdomen CT; This study is being ordered for another reason besides Kidney/Ureteral stone, &amp;x00D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &amp;x00D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
</tr>
<tr>
<td>Surgery</td>
<td>Disapproval</td>
<td>74174</td>
<td>CT ANGIOGRAPHY ABDOMEN AND PELVIS WITH CONTRAST/ NONCONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>This is a request for CT Angiography of the Abdomen and Pelvis.</td>
</tr>
<tr>
<td>Surgery</td>
<td>Disapproval</td>
<td>74175</td>
<td>CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; It is not known if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>Surgery</td>
<td>Disapproval</td>
<td>74176</td>
<td>CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>Surgery</td>
<td>Disapproval</td>
<td>74177</td>
<td>CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>Surgery</td>
<td>Disapproval</td>
<td>74178</td>
<td>CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>Surgery</td>
<td>Disapproval</td>
<td>74179</td>
<td>CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>Surgery</td>
<td>Disapproval</td>
<td>74180</td>
<td>CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
<td>This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT</td>
</tr>
</tbody>
</table>
Surgery                  Disapproval
74176 CT ABD & PELVIS   Radiology Services Denied
W/O CONTRAST             Not Medically Necessary

Chronic abdominal pain; Hx of GI issues; constant constipation r/o obstruction Also pre-op for possible surgery; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

Epigastric hernia and umbilical hernia - pre-surgery study; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT

Gall bladder removed, pain, nausea, vomiting and R/O problems from surgery; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT

LEFT SIDED AB PAIN, PALPATION, FIBRA ILLNESS, PATIENT HAD CT IN 2010 THAT SHOWED DIVERTICULI ABSCESS; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT

noted on imagine lobulated pancreatic cystic lesion on mid body, cystic pancreases neoplasm, recommend mri, but doctor is request CT scan; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

Pt has a colostomy since 2007; Pt has developed a paracolostomy hernia. This is a preoperative evaluation; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have an amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT
This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.;

This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.;

This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.;

This is the first visit for this complaint.; The study is being ordered for chronic pain.;

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.;

This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.;

This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.;

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.;

This is the first visit for this complaint.; The study is being ordered for chronic pain.;

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This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.;

This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT
<table>
<thead>
<tr>
<th>Surgery Disapproval</th>
<th>74176 CT ABD &amp; PELVIS W/O CONTRAST</th>
<th>Radiology Services Denied Not Medically Necessary</th>
<th>This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery Disapproval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
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<td>Surgery Disapproval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not known if the patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>Surgery Disapproval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT</td>
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<td>Surgery Disapproval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>This is a request for an abdomen-pelvis CT combination.; The study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>Surgery Disapproval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT</td>
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<td>Surgery Disapproval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT</td>
</tr>
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<td>Surgery Disapproval</td>
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<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT</td>
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</table>
unknown; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.

This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; They have not had a previous Neck CT in the last 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There are NO new or changing symptoms in the neck.; Yes this is a request for a Diagnostic CT

‘None of the above’ describes the reason for this request.; Initial staging prior to treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT

‘None of the above’ describes the reason for this request.; Known tumor and new symptoms involving the chest, chest wall, lung or pelvis is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT

Pre-operative evaluation describes the reason for this request.; This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.

This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.; Yes this is a request for a Diagnostic CT

The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.

This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT

This is a request for a Pelvis MRI.; The request is for evaluation of the pelvis prior to surgery or laparoscopy.
Surgical Oncology Approval

73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT
This study is being ordered for a metastatic disease.; There are 2 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT
There are 2 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Surgical Oncology.

73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT
This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Post-operative Evaluation.

73720 MRI LEG OR LOWER EXTREMITY, OTHER THAN JOINT
This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."

74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST
This is a request for a CT Angiography of the Abdomen and Pelvis.
Reports diffuse abdominal pain, onset several weeks, moderate intensity, intermittent, cramping in character with no radiation to other abdominal sites and no aggravating or relieving factors. Patient is s/p Robotic-assisted laparoscopic radical hysterectomy; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT.

74176 CT ABD & PELVIS W/O CONTRAST
There are 2 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is Surgical Oncology.

74176 CT ABD & PELVIS W/O CONTRAST
This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; The study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT.

74176 CT ABD & PELVIS W/O CONTRAST
This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT.

74176 CT ABD & PELVIS W/O CONTRAST
This is a request for an abdomen-pelvis CT combination.; The requested study is for pre-operative evaluation.; The study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; Pre-op or post op evaluation; Yes this is a request for a Diagnostic CT.

74176 CT ABD & PELVIS W/O CONTRAST
This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT.

74176 CT ABD & PELVIS W/O CONTRAST
This is a request for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months.

74181 MRI ABDOMEN
This request is for an Abdomen MRI.; This study is being ordered for known tumor.; This study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10 months.
This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for follow-up.; The patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.".; "The patient has had an abdominal ultrasound, CT, or MR study."; Follow up of indeterminate MRI abdomen performed 6/8/2017

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are no documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.".; "The patient has had an abdominal ultrasound, CT, or MR study."; Ms. Jones is a 64F with history of Stage III melanoma excised for her left cheek in 2015. Surveillance CT and MR of showed a suspicious area in segment 3 of the liver. A sonographic directed biopsy was either non-diagnostic or it is benign. I do not ha

This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.

This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; Yes, the patient have a known mutation such as BRCA1, BRCA2, PTEN or TP53.; It is unknown if the patient has a lifetime risk score of greater than 20.

This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).

This is a request for a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; It is not know if the results of this MRI (size and shape of tumor) affect the patient's further management.

This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.

This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; Yes, the patient have a known mutation such as BRCA1, BRCA2, PTEN or TP53.; It is unknown if the patient has a lifetime risk score of greater than 20.

This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).

This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.

This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.

This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made); This study is being requested for Breast Cancer.; This is NOT for an evaluation of axillary lymph nodes.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.
This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made); This study is being requested for Lung Cancer; This would be the first PET Scan performed on this patient for this cancer; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer; This is NOT a Medicare member.

'Stage' describes the reason for this request; Known tumor and new symptoms involving the chest, chest wall, lung or pelvis is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT

More troublesome perhaps is his left arm numbness. The numbness lacks clear radicular distribution but may result from proximal nerve compression or stenosis, I believe examination in the hand clinic may be beneficial and that nerve conduction studies m; This is a request for cervical spine MRI; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms; The patient has NOT had back pain for over 4 weeks.

Yes, this is a request for CT Angiography of the Neck.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache; This study is being ordered for seizures; There has been a change in seizure pattern or a new seizure.

"The ordering physician is a surgeon, pulmonologist, or cardiologist."; A Chest/Thorax CT is being ordered; This study is being ordered for vascular disease other than cardiac; Yes this is a request for a Diagnostic CT

There is no radiologic evidence of asbestosis; There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection; There is no radiologic evidence of a lung abscess or empyema; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed; A Chest/Thorax CT is being ordered; This study is being ordered for known or suspected inflammatory disease or pneumonia; Yes this is a request for a Diagnostic CT

A Chest/Thorax CT is being ordered; This study is being ordered for known tumor; Yes this is a request for a Diagnostic CT

'None of the above' describes the reason for this request; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT

Post-operative evaluation describes the reason for this request; This is a request for a Diagnostic CT

A Chest/Thorax CT is being ordered; This study is being ordered for non of the above; Yes this is a request for a Diagnostic CT

Post-operative evaluation describes the reason for this request; This is a request for a Chest CT; Yes this is a request for a Diagnostic CT
This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.

History of Present Illness: Marty R Blanchard is a pleasant 58 y.o. year-old male who is being seen in the CVT surgery clinic for evaluation. He was seen a year ago with a CT scan which was done because of his chronic back pain. It showed a thin area of ; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, &Rx0D; Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &Rx0D; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT

This is a request for CT Angiography of the Abdomen and Pelvis. 3

This study is being ordered for suspected pulmonary embolus.; This study is not requested to evaluate thoracic aneurysm, follow up post surgery; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.

Yes, this is a request for CT Angiography of the abdominal arteries. 5

The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient has a previous cardiac surgery or angioplasty.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made); This study is being requested for Ovarian or Esophageal Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.
<table>
<thead>
<tr>
<th>Approval/Disapproval</th>
<th>Code/Description</th>
<th>Details</th>
<th>Rows</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approval</td>
<td>93307 TTHRC R-T IMG 2D +M-MODE REC COMPL</td>
<td>This is a request for a Transthoracic Echocardiogram; This study is being ordered for Evaluation of Cardiac Mass; This is for the initial evaluation of a cardiac mass. This request is for a Low Dose CT for Lung Cancer Screening; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months; The patient is between 55 and 80 years old; This patient is a smoker or has a history of smoking; The patient has a 30 pack per year history of smoking; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer; The patient has not quit smoking.</td>
<td>1</td>
</tr>
<tr>
<td>Approval</td>
<td>G0297 Low dose CT scan (LDCT) for lung cancer screening</td>
<td>Abnormal imaging test describes the reason for this request; This is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>Disapproval</td>
<td>71250 CT CHEST, THORAX</td>
<td>Post-operative evaluation describes the reason for this request; This is a request for a Diagnostic CT</td>
<td>1</td>
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<td>Disapproval</td>
<td>71250 CT CHEST, THORAX</td>
<td>This is a request for an abdomen-pelvis CT combination; A urinalysis has not been completed; The study is being requested for abdominal and/or pelvic pain; The study is being ordered for chronic pain; This is the first visit for this complaint; The patient did not have a amylase or lipase lab test; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
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<td>Disapproval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST 78451 Myocardial perfusion imaging, tomographic (SPECT); single study</td>
<td>This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders; The member does not have known or suspected coronary artery disease</td>
<td>1</td>
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<tr>
<td>Disapproval</td>
<td>93307 TTHRC R-T IMG 2D +M-MODE REC COMPL</td>
<td>VATS and lobectomy for symptomatic bulla performed 11/22/2016. Low Dose CT is now being ordered for increased risk of lung cancer due to the patient smoking history of 1 pack per day for over 30 years. Right-sided pneumothorax see on CXR done 12/15/2016.; This request is for a Low Dose CT for Lung Cancer Screening; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months; The patient is 54 years old or younger; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer; Patients who are NOT between the ages of 55 and 81 years of age do not meet the criteria for lung cancer screening.</td>
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<tr>
<td>Disapproval</td>
<td>G0297 Low dose CT scan (LDCT) for lung cancer screening</td>
<td>Enter answer here - or Type In Unknown If No Info Given.</td>
<td>1</td>
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<tr>
<td>Approval</td>
<td>70450 CT BRAIN, HEAD</td>
<td>This study is being ordered for a metastatic disease; There are 2 exams are being ordered; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology getting headaches more frequently, will wake up with a headache at the top of her head most mornings; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring. This is a request for a brain/head CT.; &quot;There are recent neurologic symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness.&quot;; This study is being requested for a recent head trauma or injury. This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.</td>
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<td>Approval</td>
<td>70450 CT BRAIN, HEAD</td>
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<td>Approval</td>
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<td>Approval</td>
<td>70450 CT BRAIN, HEAD</td>
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Unknown Approval  70450 CT BRAIN, HEAD
This is a request for a brain/head CT.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.  

Unknown Approval  70450 CT BRAIN, HEAD
This is a request for a brain/head CT.; Known or suspected inflammatory disease best describes the reason that I have requested this test.; This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test. 

Unknown Approval  70450 CT BRAIN, HEAD
This is a request for a brain/head CT.; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test. 

Unknown Approval  70450 CT BRAIN, HEAD
This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test. 

Unknown Approval  70450 CT BRAIN, HEAD
This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury. 

Unknown Approval  70450 CT BRAIN, HEAD
This is a request for a brain/head CT.; There is a suspected or known brain tumor.; This study is being requested for known or suspected brain tumor, mass or cancer. 

Unknown Approval  70450 CT BRAIN, HEAD
This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; 

Unknown Approval  70450 CT BRAIN, HEAD
This is a request for a brain/head CT.; There is a suspected or known brain tumor.; This study is being ordered for trauma or injury.; 10/13/17; There has been treatment or conservative therapy.; difficulty breathing; surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 

Unknown Approval  70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT 

Unknown Approval  70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient’s current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT 

Unknown Approval  70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
This study is being ordered for post-operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT 

Unknown Approval  70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST
This study is being ordered for post-operative evaluation.; This is a request for a Sinus CT.; Yes this is a request for a Diagnostic CT
This study is being ordered for sinusitis; This is a request for a Sinus CT.; The patient is NOT immune-compromised; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT

This is a request for a Neck CT.; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Cervical mass; right side of neck along anterior side of sternocleidomastoid muscle has enlarged lymph node or mass. Lymph Nodes: no supraclavicular LAD and cervical LAD; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT

Patient with a 4 month history of a lump on the right side of the neck that is getting larger.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT

This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.; The patient has a known tumor or metastasis in the neck.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; There are new or changing symptoms in the neck.; Yes this is a request for a Diagnostic CT

This is a request for neck soft tissue CT.; The study is being ordered for Initial Staging.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT

This is a request for neck soft tissue CT.; There has been recent trauma or other injury to the neck.; Yes this is a request for a Diagnostic CT

This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a Diagnostic CT

Yes, this is a request for CT Angiography of the Neck.

"This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for trauma or injury of the orbit, face or neck soft tissue
70540 MRI ORBIT/FACE/NECK W/O DYE

There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is NOT a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.

This is a request for an Orbit MRI.; There is a history of orbit or face trauma or injury.

There is not an immediate family history of aneurysm.; This is a request for a Brain MRA.

There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA. This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; “There is a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness.”

This is a request for a head and neck MR Angiogram.; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; “There is a sudden onset of one-sided weakness, speech impairment, vision defects or severe dizziness.”

This is a request for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell’s Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

This is a request for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).
This request is for a Brain MRI. It is unknown if the study is being requested for evaluation of a headache. Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell’s Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo. ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation). ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation). ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is not presenting with a sudden change in severity, associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not known if the headache is described as a “thunderclap” or the worst headache of the patient’s life. ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache. ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache. ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache. ; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache. n/a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ongoing since 09/19/2014; There has been treatment or conservative therapy.; migraine and neck pain greater than 3 days; imitrex as needed, relaxation techniques, topamax, maxalt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Patient has a mild intermittent right upper extremity rest tremor along with cupping of the right hand and dystonic posturing of the right hand when at rest. A mild right upper extremity postural and minimal right upper extremity action tremor is also seen. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

Patient is a 59F with previously diagnosed multiple sclerosis presenting to the University of Colorado to establish care. Currently on no DMTs. Previous trials of Copaxone and Avonex in the past. Has remained stable radiographically on scans in 2016.; This study is being ordered for a neurological disorder.; multiple sclerosis. last scan 8/11/16.; There has been treatment or conservative therapy.; Patient is a 59F with previously diagnosed multiple sclerosis presenting to the University of Colorado to establish care. Currently on no DMTs. Previous trials of Copaxone and Avonex in the past.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Patient is here to follow-up. She is accompanied by her mother. Her memory loss continues to be an issue. She states that she is still concerned with this. She is seeing Dr. Gustafson neurology in 2-3 weeks. She is also having worsening migraines. They're; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; It is not known if the headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.; It is not known if there is a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).

Patient reports BLE weakness.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results was not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.

RESTAGING BRAIN CANCER WITH NEW PAIN IN SPINE; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
RESTAGING KNOWN BREAST CANCER AND LUNG CANCER; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Right arm and leg weakness with increased tone and brisk reflexes differential include cervical cord pathology vs left hemisphere lesions; HIV; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.; It is unknown why this study is being ordered.

SATURDAY MORNING FEELING LIGHTHEADED AND DIZZY, FACIAL NUMBNESS, STABBING, PAIN IN LEFT EYE, RIGHT ARM NUMBESS, DIMISHED APPETITE.; This study is being ordered for Congenital Anomaly.; SATURDAY MORNING FEELING LIGHTHEADED AND DIZZY, FACIAL NUMBNESS, STABBING, PAIN IN LEFT EYE, RIGHT ARM NUMBESS, DIMISHED APPETITE; It is not known if there has been any treatment or conservative therapy.; SATURDAY MORNING FEELING LIGHTHEADED AND DIZZY, FACIAL NUMBNESS, STABBING, PAIN IN LEFT EYE, RIGHT ARM NUMBESS, DIMISHED APPETITE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

see scanned info; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/29/2017; It is not known if there has been any treatment or conservative therapy.; seizure while driving, now neck pain present, family hx of aneurysm; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.

This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; There is a new and sudden onset of a headache less than 1 week not improved by medications.; The headache is described as a “thunderclap” or the worst headache of the patient’s life.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has Bell’s Palsy.
This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo. 

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation, multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo. 

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of infection or inflammation; The patient has a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that indicate inflammatory disease or an infection.); This is NOT a Medicare member. 

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal. 

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed. 

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type. 

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack). 

This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor. 

This request is for a Brain MRI; This study is being requested for evaluation of a headache.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.
unknown; This study is being ordered for something other than: known trauma or injury, metastastic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/17/2017; There has not been any treatment or conservative therapy.; Pain to neck, Limited range of motion to neck with no reported injury. Severe, pulsating, pain to head that does not respond to treatment with OTC pain relievers.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

worsening headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache. "The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient. "; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

A Chest/Thorax CT is being ordered.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT

A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT

Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT

Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT

Chest pain describes the reason for this request.; An abnormal finding on physical examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyema).; Yes this is a request for a Diagnostic CT
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<th>Unknown</th>
<th>Approval</th>
<th>71250 CT CHEST, THORAX</th>
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<td>Chest pain describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT</td>
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<td>Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT due to lesions and pain ordered these test to look for something causing problems; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;; There has not been any treatment or conservative therapy.;; pain, lesions are all over her body including the face, chest, abdomen and pelvis area.;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>fatigue and weight loss (10 lbs), on chest xray there are several questionable areas, possible right upper low mass, possible left low mass; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. lung nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.;; This study is being ordered for none of the above.; Yes this is a request for a Diagnostic CT</td>
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<td>Mr. Williams is a 59-year-old African-American male who was referred to me for further evaluation of newly diagnosed rectal cancer. The patient reports he recently developed hemorrhoidal pain as well as bright red blood per rectum. He underwent a colono; This study is being ordered for a metastatic disease. There are 3 exams are being ordered.;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>Neoplasm: colorectal, rx monitor or f/u; This study is being ordered for a metastatic disease.;; There are 2 exams are being ordered.;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>'None of the above' describes the reason for this request.; An abnormal lab finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT</td>
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<td>'None of the above' describes the reason for this request.; 'None of the above' are is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT</td>
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<td>'None of the above' describes the reason for this request.; 'None of the above' led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic CT</td>
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<td>'None of the above' describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT</td>
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'None of the above' describes the reason for this request.; This study is being requested for suspicion of pulmonary embolism (PE); This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT

Patient previously had Chest CT and PET Scan 7/2017. This is a request to follow up on parenchymal lesions 3 months from last imaging. on 7/14/2017 Imaging advised that lesions were most likely infectious or inflammatory and should be followed up to assu; There is no radiologic evidence of asbestosis.;"The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumonia e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT

Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT

PROGRESSION EVALUATION; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

pt with stage II malt lymphoma of the tyroid. lung nodules seen on pet/ct scan. follow up recommended by radiologist.;"There is evidence of a lung, mediastinal or chest mass noted within the last 30 days."; It is unknown if they had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT

RESTAGING COLON CANCER; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

RESTAGING; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

She has been coughing for several years. She has been bringing up gray sputum, sometimes bloody. She has some dyspnea, wheezing, but no chest pain. She has been smoking a pack per day for 45 years (est 320,000 cigarettes.); The patient has NOT had a chest x-ray recently.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT
Stage II A Rectal Adenocarcinoma; CT & FDG PET; CAP 7/24/17 showed no clinical evidence of disease recurrence; Will be followed by serial CT CAP for 6 months; This study is being ordered for a metastatic disease. ; There are 2 exams are being ordered; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

SUSPECTED CANCER; This study is being ordered for a metastatic disease. ; There are 2 exams are being ordered; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Tasked 12/19/2017 11:58 AM by Kristi Hammons, RN; Patient THACKER, KATHERINE M; Date of Birth: 11/07/1977; ID# 1260643; Home Phone: (479)846-2694; Alt Phone: (479)305-3547; Referring Provider Information; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT.

There is a potential 12 mm density overlying the left midlung and the posterior 8-9 rib interspace. No acute infiltrate or pulmonary edema. Mild eventration of the anterior right diaphragm. Possible nodule in the left lower lung. Please consider a chest CT; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT.

There is radiologic evidence of non-resolving pneumonia after at least 4 weeks of treatment.; "The ordering physician is NOT a surgeon, pulmonologist or PCP ordering on behalf of a specialist who has seen the patient.".; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT.

71250 CT CHEST, THORAX; This study is being ordered for Vascular Disease.; 12/01/2015; It is not known if there has been any treatment or conservative therapy.; underwent TEVAR/Lt carotid subclavian bypass 12/2015. He subsequently developed Type I endoleak and underwent extension of endovascular stent/coil embolization of proximal false lumen. This was done by Dr. Michael McNally at UT in Knoxville, TN.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST RAST; This study is being ordered for Vascular Disease.; 12/01/2015; It is not known if there has been any treatment or conservative therapy.; underwent TEVAR/Lt carotid subclavian bypass 12/2015. He subsequently developed Type I endoleak and underwent extension of endovascular stent/coil embolization of proximal false lumen. This was done by Dr. Michael McNally at UT in Knoxville, TN.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Known ascending aortic aneurysm; This study is being ordered for Vascular Disease.;
Ascending aortic aneurysm; There has been treatment or conservative therapy.; He
has coronary disease.; Blood pressure medication to keep blood pressure controlled.
Treatment for hyperlipidemia.; One of the studies being ordered is NOT a Breast MRI,
CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs
specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical
Oncology or Radiation Oncology.

Ms. Crain is a 56y/o female patient who was referred to EP by Dr. Paydak for possible
PVI d/t paroxysmal atrial fibrillation. Symptoms include palpitations in the neck and
all body and head dizziness. Breakthrough on flecainide. Daily recur. She was on am;
This study is not requested to evaluate suspected pulmonary embolus.; This study will
not be performed in conjunction with a Chest CT.; This study is being ordered for
Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is
scheduled/planned.; A catheter angiogram has not been performed within the last
month.; Yes, this is a request for a Chest CT Angiography.

Referring provider: Andrew Henry MD;
I had the pleasure of seeing Mrs. Alarcon in consultation for Atrial fibrillation.
As you know she is a pleasant 56 yr old female with a history of HTN, HL, atria; This study is not requested to
evaluate suspected pulmonary embolus.; This study will not be performed in
conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.;
This is a pre-operative evaluation.; This surgery is scheduled/planned.; A catheter
angiogram has not been performed within the last month.; Yes, this is a request for a
Chest CT Angiography.

Referring Provider: Paxio, Andre;
I had the pleasure of seeing Mr. Reed in consultation for persistent atrial fibrillation. As you know he is a pleasant 58 yr old
male with a history of HTN, prior gastric bypa; This study is not requested to evaluate
suspected pulmonary embolus.; This study will not be performed in conjunction with
a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-
operative evaluation.; This surgery is scheduled/planned.; A catheter angiogram has not
been performed within the last month.; Yes, this is a request for a Chest CT Angiography.

This study is not requested to evaluate suspected pulmonary embolus.; This study
will not be performed in conjunction with a Chest CT.; This study is being ordered for
Suspected Vascular Disease.; There are no new signs or symptoms indicative of a
dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.;
There are signs or symptoms indicative of vascular insufficiency to the neck or arms.;
Yes, this is a request for a Chest CT Angiography.

This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a
request for a Chest CT Angiography.

The patient does have neurological deficits.; This study is not to be part of a
Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due
to chronic neck pain or suspected degenerative disease.; There is a reason why the
patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting
symptoms of Evidence of a recent fracture on previous imaging studies.
The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.  

The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Radiculopathy documented on EMG or nerve conduction study.  

The patient does not have any neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; There has been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical Spine MRI.  

The patient does not have any neurological deficits.; This is a request for a thoracic spine CT.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT  

The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT  

The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing symptoms of radiculopathy for six weeks or more.; Yes this is a request for a Diagnostic CT  

The patient does not have a history of severe low back trauma or lumbar injury.; This is not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is not experiencing symptoms of radiculopathy for six weeks or more.; There is no neurologic symptoms of bowel or urinary bladder dysfunction.; Yes this is a request for a Diagnostic CT
| Unknown Approval | 72131 CT LUMBAR SPINE, LOW BACK | This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar injury.; Yes this is a request for a Diagnostic CT |
| Unknown Approval | 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST | 1 |
| Unknown Approval | 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST | &lt;Enter answer here - or Type In Unknown If No Info Given.&gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. &lt;Enter answer here - or Type In Unknown If No Info Given.&gt;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt;Enter date of initial onset here - or Type In Unknown If No Info Given.&gt;; It is not known if there has been any treatment or conservative therapy.; &lt;Enter date of initial onset here - or Type In Unknown If No Info Given.&gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology |
| Unknown Approval | 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST | 1 |
| Unknown Approval | 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST | Patient is a 59F with previously diagnosed multiple sclerosis presenting to the University of Colorado to establish care. Currently on no DMTs. Previous trials of Copaxone and Avonex in the past. Has remained stable radiographically on scans in 2016.; This study is being ordered for a neurological disorder.; multiple sclerosis. last scan 8/11/16.; There has been treatment or conservative therapy.; Patient is a 59F with previously diagnosed multiple sclerosis presenting to the University of Colorado to establish care. Currently on no DMTs. Previous trials of Copaxone and Avonex in the past. Has remained stable radiographically on scans in 2016.; Previous trials of Copaxone and Avonex in the past.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology |
| Unknown Approval | 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST | 1 |
| Unknown Approval | 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST | Oncology or Radiation Oncology prior to treatment - new diagnosis for cancer; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology |
SUNDAY MORNING FEELING LIGHTHEADED AND DIZZY, FACIAL NUMBNESS, STABBING, PAIN IN LEFT EYE, RIGHT ARM NUMBNESS, DIMISHED APPETITE.; This study is being ordered for Congenital Anomaly.; SUNDAY MORNING FEELING LIGHTHEADED AND DIZZY, FACIAL NUMBNESS, STABBING, PAIN IN LEFT EYE, RIGHT ARM NUMBNESS, DIMISHED APPETITE.; This study is not known if there has been any treatment or conservative therapy.; SUNDAY MORNING FEELING LIGHTHEADED AND DIZZY, FACIAL NUMBNESS, STABBING, PAIN IN LEFT EYE, RIGHT ARM NUMBNESS, DIMISHED APPETITE.; It is not known if there has been a supervised trial of conservative management for at least six weeks.; SUNDAY MORNING FEELING LIGHTHEADED AND DIZZY, FACIAL NUMBNESS, STABBING, PAIN IN LEFT EYE, RIGHT ARM NUMBNESS, DIMISHED APPETITE.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MD's specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; It is not known if there has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; No, this patient did not have a recent course of supervised physical Therapy.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; It is not known if this patient had a recent course of supervised physical Therapy.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least six weeks.; Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.

The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a recent course of supervised physical Therapy.

This is a request for cervical spine MRI; The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist.; Follow-up to Surgery or Fracture within the last 6 months.

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient was treated with a facet joint injection.

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy.
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<tr>
<th>Unknown Approval</th>
<th>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</th>
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<tr>
<td>This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms; The patient does have new or symptoms of bladder or bowel dysfunction.</td>
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<td>This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits; yes, there is a documented evidence of extremity weakness on physical examination.</td>
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<td>This is a request for cervical spine MRI; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.</td>
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<td>This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits; Yes, this patient had a recent course of supervised physical Therapy.</td>
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<td>This is a request for cervical spine MRI; Trauma or recent injury; Yes, the patient have new or changing neurological signs or symptoms; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.</td>
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<th>72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST</th>
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<td>One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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</table>
Patient is a 59F with previously diagnosed multiple sclerosis presenting to the University of Colorado to establish care. Currently on no DMTs. Previous trials of Copaxone and Avonex in the past. Has remained stable radiographically on scans in 2016.; This study is being ordered for a neurological disorder.; multiple sclerosis. last scan 8/11/16.; There has been treatment or conservative therapy.; Patient is a 59F with previously diagnosed multiple sclerosis presenting to the University of Colorado to establish care. Currently on no DMTs. Previous trials of Copaxone and Avonex in the past. Has remained stable radiographically on scans in 2016.; Previous trials of Copaxone and Avonex in the past.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1. The patient does not have any neurological deficits.; This is a request for a thoracic spine MRI.; There has been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease. 7. The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; This is a request for a thoracic spine MRI.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis. 1. The patient is presenting new symptoms.; This study is being ordered for follow-up.; This is a request for a thoracic spine MRI.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist. 1. This is a request for a thoracic spine MRI.; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; The study is being ordered due to follow-up to surgery or fracture within the last 6 months. 1. This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop. 1. This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy? 1. This is a request for a thoracic spine MRI.; There is evidence of tumor or metastasis on a bone scan or x-ray.; The study is being ordered due to suspected tumor with or without metastasis. 1.
72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

It; Enter answer here - or Type In Unknown If No Info Given. &gt; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. 2

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

It; Enter answer here - or Type In Unknown If No Info Given. &gt; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks. 1

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

It; Enter answer here - or Type In Unknown If No Info Given. &gt; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It; Enter date of initial onset here - or Type In Unknown If No Info Given &gt; It is not known if there has been any treatment or conservative therapy.; It; Describe primary symptoms here - or Type In Unknown If No Info Given &gt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. 1

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture. 1

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Weakness, numbness and tingling down her left leg.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture. 1

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; The patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms. 1
Chief Complaint:
back pain

Reason For Visit:
Patient is here with c/o x 1 month. Patient reports pain is worsening also states pain has started to radiate down leg into bottom of foot as well as some tingling and numbness.

Lumbar back: She exhibits decreased range of motion, tenderness and spasm. Neurological: Positive for dizziness, tingling, sensory change, weakness and headaches; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms; There is weakness; Neurological: She is alert and oriented to person, place, and time. A sensory deficit is present. Decreased strength to BLE 2/5. Decreased sensation to BLE. Positive bilateral straight leg raise.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Lumbar spondylosis; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.
Patient has had physical therapy (see attached clinicals) also the has had more than 6 weeks of Nsaids; Aleve 220mg, gabapentin 800mg, tramadol 50mg and ibuprofen 200mg (see 05/25/17 office visit note); The study requested is a Lumbar Spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; This 50 year old female presents with low back pain with bilateral leg pain but mainly on the right. She states her pain is so deep in her legs that she can't tell if it's on the anterior or posterior side. She states the pain is worse with standing and w; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Pt is in pain, Limited ROM.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Bi-lateral extremidades.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

The patient complains of pain in lower back. He reports onset of pain gradually over time without significant initiating factor. The patient describes his pain as constant with intermittent flare ups. The pain is aching, stabbing, sharp, deep, cramping an; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new foot drop.

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is x-ray evidence of a recent lumbar fracture.
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<tr>
<th>Approval</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy? 16</td>
</tr>
<tr>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>The study requested is a Lumbar Spine MRI.; It is not known if there is laboratory evidence of osteomyelitis.; Known or Suspected Infection or abscess; There is not laboratory or x-ray evidence of meningitis.; There is laboratory or x-ray evidence of a paraspinal abscess.; It is not known if there is laboratory or x-ray evidence of an infected disc, septic arthritis, or &quot;discitis&quot;. 1</td>
</tr>
<tr>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>The study requested is a Lumbar Spine MRI.; Neurological deficits; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy? 1</td>
</tr>
<tr>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop. 1</td>
</tr>
<tr>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>The study requested is a Lumbar Spine MRI.; None of the above; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop. 2</td>
</tr>
<tr>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 months or had a spine injection 36</td>
</tr>
<tr>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine 1</td>
</tr>
<tr>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality. 8</td>
</tr>
<tr>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has completed Treatment with a facet joint or epidural injection in the past 6 weeks 1</td>
</tr>
<tr>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s) 18</td>
</tr>
<tr>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>The study requested is a Lumbar Spine MRI.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; Known Tumor with or without metastasis; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist. 1</td>
</tr>
<tr>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop. 1</td>
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</tbody>
</table>
female presents with abdominal pain X4 weeks. Location is right groin region. Started after riding a bike. Has tried aleve and hot packs with some benefit. No radiation. Pain is intermittent and occurs once weekly and with sitting and BMs. Lasts one hour.; This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT 1

Patient was seen in ER on 11/5/17, had Abnormal CT, this request is for a 1 month follow up CT.; The patient has painful hematuria.; The patient has not had an IVP.; This study is being ordered due to hematuria.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT 1

Ms. Jones is a 33 y.o. G0 African American female who presents for evaluation of Pelvic mass. Pt reports she was admitted to the hospital recently d/t cardiac related issues and during w/u, a pelvic mass of some sort was noted during cardiac echol, and ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. PELVIC CONGESTION SYNDROME; This is a request for a Pelvis MRI.; It is not known if this is a preoperative study.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess. 1

The ordering physician is an orthopedist.; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of the pelvic girdle. 1

This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury. 3

This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease? 3

X-ray of pelvis recently revealed changes suspicious for sacroiliitis. I suspect that he has seronegative spondyloarthritis causing both peripheral and axial arthritis.; This is a request for a Pelvis MRI.; No, this is not a preoperative study.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess. 1

This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT 2

This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT 2

This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT 1
This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT.

The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; The ordering physician is an orthopedist.

The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity bone or soft tissue infection.

The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent postoperative evaluation.; There is suspicion of upper extremity bone or soft tissue infection.

The request is for a shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; It is not known if the physician has directed conservative treatment for the past 6 weeks.

The requested study is a Shoulder MRI.; The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment.; The ordering physician is an orthopedist.

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is an orthopedist.

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; The patient has a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.

The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has completed and failed a course of conservative treatment of at least 4 weeks.; The ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.
<table>
<thead>
<tr>
<th>Requested Study</th>
<th>Study Being Ordered Due To</th>
<th>Pain</th>
<th>Treatment</th>
<th>Physical Examination</th>
<th>Imaging</th>
<th>History</th>
<th>Current Findings</th>
<th>Additional Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>73221 MRI JOINT OF UPPER EXTREMITY</td>
<td>non-acute or chronic pain</td>
<td>HPI: Constitutional</td>
<td>Patient presents for follow-up regarding c/o left shoulder pain with limited ROM and weakness; onset a few weeks ago. Denies any other symptoms at this time to include CP, SOB, dizziness, abdominal pain, fever, chills.</td>
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<tr>
<td>73221 MRI JOINT OF UPPER EXTREMITY</td>
<td>trauma within past 72 hours</td>
<td>HPI: Constitutional</td>
<td>The requested study is a Shoulder MRI; Study being ordered due to trauma within past 72 hours. The patient has had recent plain films of the shoulder. The plain films were normal. The patient is experiencing joint locking or instability.</td>
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<tr>
<td>73221 MRI JOINT OF UPPER EXTREMITY</td>
<td>post-operative evaluation</td>
<td>HPI: Constitutional</td>
<td>The requested study is a Shoulder MRI; Study being ordered for post-operative evaluation. The ordering physician is an orthopedist.</td>
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<tr>
<td>73221 MRI JOINT OF UPPER EXTREMITY</td>
<td>pre-operative evaluation</td>
<td>HPI: Constitutional</td>
<td>The requested study is a Shoulder MRI; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.</td>
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<tr>
<td>73221 MRI JOINT OF UPPER EXTREMITY</td>
<td>chronic</td>
<td>HPI: Constitutional</td>
<td>The requested study is a Shoulder MRI; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery. Long discussion was had with the patient today regarding operative versus non operative management of her shoulder pain. We discussed her diagnosis of bursitis at length. Given the fact that she has not attempted significant conservative measures we rec</td>
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<tr>
<td>73221 MRI JOINT OF UPPER EXTREMITY</td>
<td>chronic</td>
<td>HPI: Constitutional</td>
<td>The requested study is a Shoulder MRI; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery. The patient is a 21-year-old right-handed senior at Baylor University who dislocated his right shoulder for the 1st time about a year ago while wake boarding. This was reduced and he has now had 7 or 8 subsequent dislocations, the last 1 was about 2 months ago.</td>
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<tr>
<td>73221 MRI JOINT OF UPPER EXTREMITY</td>
<td>chronic</td>
<td>HPI: Constitutional</td>
<td>The requested study is a Shoulder MRI; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.</td>
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<td>73221 MRI JOINT OF UPPER EXTREMITY</td>
<td>chronic</td>
<td>HPI: Constitutional</td>
<td>The requested study is a Shoulder MRI; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery. The patient is a 21-year-old right-handed senior at Baylor University who dislocated his right shoulder for the 1st time about a year ago while wake boarding. This was reduced and he has now had 7 or 8 subsequent dislocations, the last 1 was about 2 months ago.</td>
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</tbody>
</table>
Knee pain is concentrated in quadriceps tendon. Will try to get patient a CT scan (has metal in jaw so MRI is contraindicated) and will f/u with a referral to orthopedic physician; This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; Yes this is a request for a Diagnostic CT
1
This is a preoperative or recent postoperative evaluation.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT
2
This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT
1
This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone or joint infection.; Yes this is a request for a Diagnostic CT
1
Reports bilat feet have been cool to touch x 2 yrs, complaining of abdominal pain, nausea, diarrhea, dizziness, weakness; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/10/2017; It is not known if there has been any treatment or conservative therapy.; abdominal pain, nausea, diarrhea, dizziness, weakness, left leg pain he has been having for the last couple of days, reports bilat feet have been cool to touch x 2 yrs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

1

This is a request for a foot MRI.; A plain x-ray of the area been done.; The study is being ordered for foot pain.; The study is being ordered for known or suspected septic arthritis or osteomyelitis.; The results of the plain film x-ray were abnormal.
1

This is a request for a foot MRI.; A plain x-ray of the area been done.; The study is being ordered for foot pain.; The study is being ordered for known or suspected septic arthritis or osteomyelitis.; The results of the plain film x-ray were normal.; The patient has NOT had any abnormal lab studies.
1

This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.
2
This is a request for a Knee MRI.; The study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/2017; There has not been any treatment or conservative therapy.; He has bilateral knee pain and it has been going on for many months. It seems to be getting worse. He complains of grinding and catching in the knee, much of the pain is anteromedial.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/2017; There has not been any treatment or conservative therapy.; He has bilateral knee pain and it has been going on for many months. It seems to be getting worse. He complains of grinding and catching in the knee, much of the pain is anteromedial.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This is a request for a knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.

This is a request for a Knee MRI.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.

This is a request for a Knee MRI.; The study is being ordered for foot pain.; The study is being ordered to rule out tarsal coalition.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.

This is a request for a Knee MRI.; The study is being ordered for foot pain.; The study is being ordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.

This is a request for a Knee MRI.; The study is being ordered for foot pain.; The study is being ordered to rule out tarsal coalition.; The patient has had foot pain for over 4 weeks.; The patient has been treated with immobilization for at least 6 weeks.

This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury.

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.;非急性慢性疼痛; 疼痛大于3天

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Instability; It is not known if the member experience a painful popping, snapping, or giving away of the knee.

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Instability; Yes, the member experience a painful popping, snapping, or giving away of the knee.

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Instability; Yes, the member experience a painful popping, snapping, or giving away of the knee.
This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Instability

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Limited range of motion

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Swelling greater than 3 days

This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain films were not normal.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days

This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Immobilization; No, the member do not experience a painful popping, snapping, or giving away of the knee.

This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed course of non-steroidal anti-inflammatory medications

This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy

This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy

This is a request for a Knee MRI.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Locking
This is a request for a lower extremity MRI.; This is not a pulsatile mass.; "There is no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI.;" There is a suspicion of an infection.; The patient is not taking antibiotics.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.

This is a request for an Ankle MRI.; There is a suspicion of fracture not adequately determined by x-ray.; The study is requested for ankle pain.; Tendon or ligament injury is not suspected.

This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.

X-ray shows Left tibial plateau fracture.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks.

Pt has left hip and groin pain. the pain is increased with any type of movement. anti-inflammatories help a little. External rotation and extension elicits pain. Flexion and internal rotation elicit some pain also; This is a request for a hip MRI.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.; The request is for hip pain.

Right hip pain that has been going on for several months. The pain is located on the right side and radiates to the pts. groin area. Internal rotation elicits significant hip and groin pain.; This is a requests for a hip MRI.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.; The request is for hip pain.

This is a requests for a hip MRI.; The member has failed a 4 week course of conservative management in the past 3 months.; The hip pain is chronic.; The request is for hip pain.

This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;." There is a suspicion of AVN.

This is a requests for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip.;." There is a suspicion of AVN.; The patient is receiving long-term steroid therapy (Prednisone or Cortisone).
This is a request for a hip MRI.; This study is not being ordered in conjunction with a pelvic MRI.; "There is no a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient is not receiving long-term steroid therapy (Prednisone or Cortisone); The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient does not have a documented limitation of their range of motion.

This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &x; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT

Abnormal abdominal ultrasound.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &x; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT

NASH, abnormal liver functions, ascites; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, &x; Known or suspected infection such as pancreatitis, etc.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT

Patient had U/S done that recommended patient have a CT scan done; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT

RESTAGING; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Yes this is a request for a Diagnostic CT

Yes this is a request for a Diagnostic CT

Yes this is a request for a Diagnostic CT
This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Yes this is a request for a Diagnostic CT 1

This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT 2

This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is experiencing hematuria.; The hematuria is newly diagnosed.; Yes this is a request for a Diagnostic CT 1

This is a request for an Abdomen CT.; This study is being ordered for a known tumor, mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT 2

This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT 3

This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT 1

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 10/10/2017; It is not known if there has been any treatment or conservative therapy.; abdominal pain, nausea, diarrhea, dizziness, weakness, left leg pain he has been having for the last couple of days, reports bilat feet have been cool to touch x 2 yrs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. 2

&It; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT 1
This is a request for an abdomen-pelvis CT combination. A urinalysis has not been completed. This study is being requested for abdominal and/or pelvic pain. The study is being ordered for chronic pain. This is the first visit for this complaint. The patient did not have a amylase or lipase lab test. Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination. The reason for the study is known tumor. This study is being ordered for follow-up. The patient is not presenting new symptoms. This study is not being requested for abdominal and/or pelvic pain. The study is not requested for hematuria. The patient is female. The last Abdomen/Pelvis CT was performed within the past 10 months. The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days. Yes this is a request for a Diagnostic CT

This study is being requested for abdominal and/or pelvic pain. The study is being ordered for acute pain. There has been a physical exam. The patient is female. A pelvic exam was NOT performed. Yes this is a request for a Diagnostic CT

This study is being ordered for a metastatic disease. There are 2 exams are being ordered. One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This study is being ordered for a metastatic disease. There are 3 exams are being ordered. One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
74176 CT ABD & PELVIS W/O CONTRAST

; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has not been any treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

74176 CT ABD & PELVIS W/O CONTRAST; This study is being ordered for Vascular Disease.; 12/01/2015; It is not known if there has been any treatment or conservative therapy.; underwent TEVAR/Lt carotid subclavian bypass 12/2015. He subsequently developed Type I endoleak and underwent extension of endovascular stent/coil embolization of proximal false lumen. This was done by Dr. Michael McNally at UT in Knoxville, TN.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

74176 CT ABD & PELVIS W/O CONTRAST due to lesions and pain ordered these test to look for something causing problems; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; There has not been any treatment or conservative therapy.; ; pain, lesions are all over her body including the face, chest, abdomen and pelvis area.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

74176 CT ABD & PELVIS W/O CONTRAST fatigue and weight loss (10 lbs), on chest xray there are several questionable areas, possible right upper low mass, possible left low mass; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

74176 CT ABD & PELVIS W/O CONTRAST Lab done 9/28/17 shows a microcytic anemia and a normal WBC and normal differential (normal lymphocyte percentage). Chemistry panel normal including LDH (see below for results); ; This is a request for an abdomen-pelvis CT combination.; ; The reason for the study is known tumor.; ; This study is being ordered for follow-up.; ; The patient is not presenting new symptoms.; ; This study is not being requested for abdominal and/or pelvic pain.; ; The study is not requested for hematuria.; ; The patient is female.; ; The last Abdomen/Pelvis CT was performed within the past 10 months.; ; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; ; Yes this is a request for a Diagnostic CT.

74176 CT ABD & PELVIS W/O CONTRAST Mr. Williams is a 59-year-old African-American male who was referred to me for further evaluation of newly diagnosed rectal cancer. The patient reports he recently developed hemorrhoidal pain as well as bright red blood per rectum. He underwent a colon; This study is being ordered for a metastatic disease.; ; There are 3 exams are being ordered.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; ; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

74176 CT ABD & PELVIS W/O CONTRAST nausea , pain R/O appendice; ; This is a request for an abdomen-pelvis CT combination.; ; This study is being requested for abdominal and/or pelvic pain.; ; The study is being ordered for acute pain.; ; There has been a physical exam.; ; The patient is female.; ; A pelvic exam was NOT performed.; ; Yes this is a request for a Diagnostic CT.
Neoplasm: colorectal, rx monitor or f/u; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

PROGRESSION EVALUATION; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

pt having a rising psa and having new hip pain.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is a request for evaluation of prostate cancer.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient had a prior Abdomen/Pelvis CT.; Yes this is a request for a Diagnostic CT.

pt having abd pain, hx of liver infiltrates, no nausea but does have heartburn. RUQ tenderness and RLQ tenderness.; Gb US was negative; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT.

RESTAGING COLON CANCER; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

RESTAGING KNOWN BREAST CANCER AND LUNG CANCER; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

SPLENOMEGALY; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT.

Stage IIA Rectal Adenocarcinoma; CT&x0D; CAP 7/24/17 showed no clinical evidence of disease recurrence;&x0D; Will&x0D; repeat CT CAP in 6 months; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
STATUS POST LIVER BIOPSY WITH ACUTE ABDOMINAL PAIN. BLOOD NOTED ON CT DURING BIOPSY - BLEEDING.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT SUSPECTED CANCER; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Tender to left lower ABD, Blood on UA.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is not known if the urinalysis results were normal or abnormal.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for acute pain.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for a Diagnostic CT
This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is unknown if the patient has Crohn's Disease, Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; This study is not being requested for abdominal and/or pelvic pain.; The patient is male.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for staging.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; The patient is female.; Yes this is a request for a Diagnostic CT
This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; It is not known if the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; abnormal renal ultrasound. Attempted to get patient in with urology and urologist wants patient to have CT Abdomen and pelvis before scheduling.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; ATTEMPTED TO DO COLONOSCOPY TODAY FOR THE RECTAL BLEEDING IT WAS INCOMPLETE NOW WANTS CT OF ABDOMEN AND PELVIS; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT
| Unknown | Approval | 74176 CT ABD & PELVIS W/O CONTRAST | This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Anerysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT  |
| Unknown | Approval | 74176 CT ABD & PELVIS W/O CONTRAST | This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT  |
| Unknown | Approval | 74176 CT ABD & PELVIS W/O CONTRAST | This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT  |
| Unknown | Approval | 74176 CT ABD & PELVIS W/O CONTRAST | This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT  |
| Unknown | Approval | 74176 CT ABD & PELVIS W/O CONTRAST | This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT  |
| Unknown | Approval | 74176 CT ABD & PELVIS W/O CONTRAST | This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT  |
| Unknown | Approval | 74176 CT ABD & PELVIS W/O CONTRAST | This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT  |
| Unknown | Approval | 74176 CT ABD & PELVIS W/O CONTRAST | This is a request for an abdomen-pelvis CT combination.; This study is not being requested for abdominal and/or pelvic pain.; The study is being ordered for hematuria.; Yes this is a request for a Diagnostic CT  |
| Unknown | Approval | 74181 MRI ABDOMEN | This is a request for an abdomen-pelvis CT combination.; This study is not being ordered for a metastatic disease.; There are 3 exams being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology  |
Ms. Jones is a 33 y.o. G0 African American female who presents for evaluation of Pelvic mass. Pt reports she was admitted to the hospital recently d/t cardiac related issues and during w/u, a pelvic mass of some sort was noted during cardiac echol, and one of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. This request is for an Abdomen MRI; This study is being ordered for Known Tumor.; The patient is presenting new symptoms.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study.;"; elevated liver enzymes &lt;400; She has been to the ER on a couple of occasions with severe abdominal pain. Her AST and ALT were 719 and 594 respectively on Sept. 3rd. She went back to the ER on Sept. 14th and they had decreased to 420 and 319. She had a cholec.

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;"; "The patient has not had an abdominal ultrasound, CT, or MR study.;"; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

The patient has three or more of the following conditions: age over 50, diabetes, history of hypertension, history of LDL cholesterol above 130, history of HDL cholesterol below 35, obesity (BMI above 35), and/or active history of smoking.; This request is for a Coronary CT Angiography study.; No, patient did not have a Nuclear Cardiology study within the past six months.; This study is being ordered for suspected Coronary Artery Disease (CAD) and symptomatic?; No, patient does not have new onset congestive heart failure.; Patient with a strong family history of CAD with the complaint of chest pain and chest tightness, palpitations, dyspnea, decreased exercise tolerance, and fatigue; Yes, there is Chronic Chest Pain.

Yes, this is a request for CT Angiography of the abdominal arteries.

Yes, this is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; It is unknown if there is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).
Patient is a G6P6 peri menopausal 54 year old female referred by UAMS Breast Center after a referral from Dr Martha Flowers with a new dx of clinical STAGE Ia T(0.9cm)N0Mx (per images done on 11/27/2017) R Breast Cancer. She has a PMH of HTN and NO Known; This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast.

This is a request for Breast MRI.; This study is being ordered as a screening examination following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20.

This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).

This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; Yes, there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.

This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.

This is a request for Breast MRI.; This study is being ordered for known breast lesions.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have axillary node adenocarcinoma.; Yes, there are anatomic factors (deformity or extreme density) that make a simple mammogram impossible.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.

This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are benign lesions in the breast associated with an increased cancer risk.

This is a request for Breast MRI.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This study is being ordered as a pre-operative evaluation.; The patient has not had a recent stress echocardiogram.; The patient has known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient has not had a stress echocardiogram within the past eight weeks.; This evaluation is prior to major surgery involving general anesthesia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.
78451 Myocardial perfusion imaging, tomographic (SPECT); single study

This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study). The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39

LHC showed single-vessel CAD of the RCA with subtotal occlusion with collaterals from the left. Akinetic inferior to posterior segment. EF 20-25%; The study is being ordered for known CAD.; The CAD diagnosis was established by something other than, a previous cardiac surgery / angioplasty, a previous MI, congestive heart failure or a previous stress echocardiogram, nuclear cardiology study or a stress EKG.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

The study is being ordered for a post myocardial infarction evaluation.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had a nuclear cardiology study since having an MI.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

The study is being ordered for known CAD.; The patient is presenting new symptoms of chest pain or increasing shortness of breath.; This patient had a previous cardiac surgery or angioplasty.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.
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<td>1</td>
<td>Approval</td>
<td>78451 Myocardial perfusion imaging, tomographic (SPECT); single study</td>
<td>The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient had previous cardiac surgery or angioplasty.; There are new symptoms or changing EKG findings.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.</td>
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<td>4</td>
<td>Approval</td>
<td>78451 Myocardial perfusion imaging, tomographic (SPECT); single study</td>
<td>The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.</td>
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<tr>
<td>4</td>
<td>Approval</td>
<td>78451 Myocardial perfusion imaging, tomographic (SPECT); single study</td>
<td>The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.</td>
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<td>1</td>
<td>Approval</td>
<td>78813 PET IMAGING WHOLE BODY</td>
<td>This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Breast Cancer.; This is for evaluation of axillary lymph nodes.; This is NOT a Medicare member.</td>
</tr>
<tr>
<td>1</td>
<td>Approval</td>
<td>78813 PET IMAGING WHOLE BODY</td>
<td>This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.</td>
</tr>
<tr>
<td>1</td>
<td>Approval</td>
<td>78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY</td>
<td>This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; It is unknown if the solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.</td>
</tr>
<tr>
<td>1</td>
<td>Approval</td>
<td>78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY</td>
<td>This is a request for a Tumor Imaging PET Scan; A nodule of less than 4 centimeters has been identified on recent imaging; This study is being ordered to evaluate a solitary pulmonary nodule.; The solitary pulmonary nodule was identified on an imaging study in the last 30 days.; This study is being requested for Lung Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.</td>
</tr>
<tr>
<td>Requestor</td>
<td>Approval</td>
<td>Request Details</td>
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<tr>
<td>Unknown</td>
<td>Approval</td>
<td>This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Lung Cancer has been made); This study is being requested for Lung Cancer; This would be the first PET Scan performed on this patient for this cancer; This is NOT a Medicare member.</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>Approval</td>
<td>This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Head/Neck Cancer has been made); The patient has Thyroid cancer; This would be the first PET Scan performed on this patient for this cancer; This is NOT a Medicare member.</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>Approval</td>
<td>This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Breast Cancer has been made); This study is being requested for Breast Cancer; This study is being ordered for initial treatment (after a diagnosis of Head/Neck Cancer has been made); The patient has Thyroid cancer; This would be the first PET Scan performed on this patient for this cancer; This is NOT a Medicare member.</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>Approval</td>
<td>This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Breast Cancer has been made); This study is being requested for Breast Cancer; This study is being ordered for initial treatment (after a diagnosis of Head/Neck Cancer has been made); The patient has Thyroid cancer; This would be the first PET Scan performed on this patient for this cancer; This is NOT a Medicare member.</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>Approval</td>
<td>This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Breast Cancer has been made); This study is being requested for Breast Cancer; This study is being ordered for initial treatment (after a diagnosis of Head/Neck Cancer has been made); The patient has Thyroid cancer; This would be the first PET Scan performed on this patient for this cancer; This is NOT a Medicare member.</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>Approval</td>
<td>This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment; This study is being requested for Breast Cancer; The patient completed a course of treatment initiated within the last 8 weeks; 1 PET Scan has already been performed on this patient for this cancer; This is NOT a Medicare member.</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>Approval</td>
<td>This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment; This study is being requested for Breast Cancer; The patient completed a course of treatment initiated within the last 8 weeks; 1 PET Scan has already been performed on this patient for this cancer; This is NOT a Medicare member.</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>Approval</td>
<td>This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment; This study is being requested for Breast Cancer; The patient completed a course of treatment initiated within the last 8 weeks; 1 PET Scan has already been performed on this patient for this cancer; This is NOT a Medicare member.</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>Approval</td>
<td>This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment; This study is being requested for Breast Cancer; The patient completed a course of treatment initiated within the last 8 weeks; 1 PET Scan has already been performed on this patient for this cancer; This is NOT a Medicare member.</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>Approval</td>
<td>This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment; This study is being requested for Breast Cancer; The patient completed a course of treatment initiated within the last 8 weeks; 1 PET Scan has already been performed on this patient for this cancer; This is NOT a Medicare member.</td>
<td></td>
</tr>
</tbody>
</table>
This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a recurrence of cancer.; 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for Vascular Disease.; 10/27/2017; There has not been any treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG indicative of heart disease.); The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG indicative of heart disease.); The patient has high blood pressure.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG indicative of heart disease.); There has been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG indicative of heart disease.);

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG indicative of heart disease.); This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG indicative of heart disease.); The patient has shortness of breath; Known or suspected valve disease.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG indicative of heart disease.); This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG indicative of heart disease.); The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.
This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The patient does not have a history of a recent heart attack or hypertensive heart disease.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The patient has a history of hypertensive heart disease.; There is a change in the patient’s cardiac symptoms.

This is a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.

This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.

This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.

This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.
Unknown Approval G0297 Low dose CT scan (LDCT) for lung cancer screening

This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening in the past 11 months.; The patient is between 55 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 30 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago. This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient requires evaluation for a congenital defect of the pancreatic or biliary tract.

Unknown Approval S8037 mrcp

This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient requires evaluation for a congenital defect of the pancreatic or biliary tract.

Unknown Disapproval 70336 MRI TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT 70336 MRI TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT Radiology Services Denied Not Medically Necessary

This is a request for a temporomandibular joint MRI.

Unknown Disapproval 70450 CT BRAIN, HEAD Radiology Services Denied Not Medically Necessary

This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.

Unknown Disapproval 70450 CT BRAIN, HEAD Radiology Services Denied Not Medically Necessary

This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.

Unknown Disapproval 70450 CT BRAIN, HEAD Radiology Services Denied Not Medically Necessary

This is a request for a brain/head CT.; Known or suspected infection best describes the reason that I have requested this test.

Unknown Disapproval 70450 CT BRAIN, HEAD Radiology Services Denied Not Medically Necessary

This is a request for a brain/head CT.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.

Unknown Disapproval 70450 CT BRAIN, HEAD Radiology Services Denied Not Medically Necessary

This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.

Unknown Disapproval 70450 CT BRAIN, HEAD Radiology Services Denied Not Medically Necessary

This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.

Unknown Disapproval 70450 CT BRAIN, HEAD Radiology Services Denied Not Medically Necessary

This is a request for a brain/head CT.; The patient has a new onset of a headache within the past month; Headache best describes the reason that I have requested this test.

Unknown Disapproval 70450 CT BRAIN, HEAD Radiology Services Denied Not Medically Necessary

This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.
This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; 10 years ago; There has been treatment or conservative therapy; mbr has pain in face and headaches and noises in jaw joint and ear and jaw joint pain and tender and tenderness muscles; Splint therapy and PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Unknown Disapproval
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST Radiology Services Denied Not Medically Necessary

This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); Yes this is a request for a Diagnostic CT

Unknown Disapproval
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST Radiology Services Denied Not Medically Necessary

This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; Yes this is a request for a Diagnostic CT

Unknown Disapproval
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST Radiology Services Denied Not Medically Necessary

This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT

Unknown Disapproval
70486 CT SINUS, FACE,JAW,MANDIBLE,MAXILLOFACIAL NO CONTRAST Radiology Services Denied Not Medically Necessary

This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT

Unknown Disapproval
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST Radiology Services Denied Not Medically Necessary

There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; Yes this is a request for a Brain MRA.

Unknown Disapproval
70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST Radiology Services Denied Not Medically Necessary

This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.; There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is not a suspicion of an infection or abscess.; This is not being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT

Unknown Disapproval
70544 Mr angiography head w/o dye Radiology Services Denied Not Medically Necessary
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Reason</th>
<th>Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td>70547</td>
<td>Mr angiography neck w/o dye</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
</tr>
<tr>
<td>70551</td>
<td>MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
</tr>
<tr>
<td>71250</td>
<td>CT CHEST, THORAX</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
</tr>
</tbody>
</table>

Note: The studies being ordered are not for a neurological disorder. There has not been any treatment or conservative therapy. One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT
Chest pain describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT
cough persistent despite abx, steroids and ud tx, hx of tobacco use, SOB with exertion been persistent, Wheezing on and off as well at times; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT
‘None of the above’ describes the reason for this request.; Abnormal imaging (xray) finding was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT
‘None of the above’ describes the reason for this request.; An abnormal imaging (xray) finding led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyma); Yes this is a request for a Diagnostic CT
‘None of the above’ describes the reason for this request.; ‘None of the above’ led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or suspected infection (pneumonia, abcess, empyma); Yes this is a request for a Diagnostic CT
Post-operative evaluation describes the reason for this request.; This study is being requested for known or suspected infection (pneumonia, abcess, empyma); Yes this is a request for a Diagnostic CT
Pre op; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
pt has pleural effusion; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.
; This study is being ordered for trauma or injury.; 8/19/2017; There has been treatment or conservative therapy.; 1- right knee pain “with a knot” since MVC Aug 19. Pt reports that it hit the dash. Reports that pain is worse after being up on it after working. &x0D; Denies new injury. &x0D; 2- c/o soreness to left chest- this symptom is also since wreck in August. States t; Nonsteroidal anti-Inflammatory drug;&x0D; Muscle relaxant; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology
; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT Angiography.
; This study is a request for a Cervical Spine CT;
Call does not know if there is a reason why the patient cannot have a Cervical Spine MRI.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>Unknown Disapproval 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST Radiology Services Denied Not Medically Necessary about 6 month history of exacerbating neck pain. Pt has numbness and tingling in the lower extremity. Complains of electrical sensation down the spine. No difficulty with ambulation. No problems with dexterity; This study is not to be part of a Myelogram.; Patient states he is less and less able to perform activities of daily living. &lt;#x0D; Patient would like to try injection therapy as alternative and MRI is required to do so.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; approximately 10-15 years ago; There has been treatment or conservative therapy.; pain, swelling, tenderness, stiffness; Patient reported to clinic that he has previously tried Chiropractic treatment and Physical Therapy as well.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
</tr>
<tr>
<td>72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>Unknown Disapproval 72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST Radiology Services Denied Not Medically Necessary This is a request for a thoracic spine CT.; The study is being ordered due to Neurological deficits.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting lower extremity weakness.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>72131 CT LUMBAR SPINE, LOW BACK</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>Unknown Disapproval 72131 CT LUMBAR SPINE, LOW BACK Radiology Services Denied Not Medically Necessary This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.; This is a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>Unknown Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary &lt;#gt; Enter answer here - or Type In Unknown If No Info Given. &gt; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.</td>
</tr>
<tr>
<td>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>Unknown Disapproval 72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary &lt;#gt; Enter answer here - or Type In Unknown If No Info Given. &gt; This study is being ordered for a neurological disorder.; 12/17/2017; There has not been any treatment or conservative therapy.; &lt;#gt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Comment</td>
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<tr>
<td>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms; There is weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction; There is not x-ray evidence of a recent cervical spine fracture. 1</td>
</tr>
<tr>
<td>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms; There is weakness; Weakness and pain radiating; The patient does not have new signs or symptoms of bladder or bowel dysfunction; There is not x-ray evidence of a recent cervical spine fracture. 1</td>
</tr>
<tr>
<td>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms; The patient has NOT had back pain for over 4 weeks; The patient has had back pain for over 4 weeks; The patient has not seen the doctor more then once for these symptoms. 1</td>
</tr>
<tr>
<td>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>This study is being ordered for a neurological disorder; There has been treatment or conservative therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1</td>
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<tr>
<td>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; There has been treatment or conservative therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1</td>
</tr>
<tr>
<td>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>n/a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; ongoing since 09/19/2014; There has been treatment or conservative therapy; migraine and neck pain greater than 3 days; imitrex as needed, relaxation techniques, topamax, maxalt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1</td>
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<tr>
<td>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
<td>n/a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; The patient does have new or changing neurologic signs or symptoms; There is weakness; weakness down right upper extremity with neck pain for over 12 weeks; The patient has tried Tramadol and Norco for over 12 weeks, not helped. Negative Spurling; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms; There is weakness; weakness down right upper extremity with neck pain for over 12 weeks; There is not x-ray evidence of a recent cervical spine fracture. 1</td>
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patient had had conservative treatment for the past 4 weeks; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.

patient is experiencing radiating pain down into the thoracic region of the spine. the patient also has neck pain which is making it difficult for the patient to be able to move the head. the patient is experiencing headaches that are said to be severe; This is a request for cervical spine MRI; Neurological deficits; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; patient has not had any improvement with current treatment plans. The patient is needing further evaluation to conclude which treatment would be more efficient. shoulder pain, trouble sleeping; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; pt was referred to neurology for worsening neck pain, has radiculopathy, pain in arms with numbness and tingling. pain 10/10 constantly. &%KID; pt has been using ibuprofen and pain medication and muscle relaxers since she first spoke with her pcp about this pro; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

spasms and tenderness; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; range of motion is decreased and very tense; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture. The patient has failed a course of anti-inflammatory medication or steroids.; This is a request for cervical spine MRI; There has been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; No, this patient did not have a recent course of supervised physical Therapy.

This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy? 2

This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel dysfunction.
This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; No, the patient does not demonstrate neurological deficits.; female presents with an ER f/u. Prescribed metametaxalone and oxycodone for muscle/oskeletal neck pain with little benefit. Xray obtained. See impression below. She continues to have pain in the left side of her neck and neck stiffness. No known injury or new p

This is a request for cervical spine MRI; There has not been a supervised trial of conservative management for at least 6 weeks.; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on physical examination.; No, there is no evidence of recent development of unilateral muscle wasting.; &lt;Enter Additional Clinical Information&gt;

This is a request for cervical spine MRI; Trauma or recent injury; Patient was involved in an accident and his trucked was flipped. Patient came in later and states that he is having neck pain with numbness and tingling of the left arm and hand.; Yes, the patient have new or changing neurological signs or symptoms.; No, the patient is not experiencing or presenting new symptoms of upper extremity weakness?; No, the patient is not demonstrating unilateral muscle wasting.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not experiencing new onset of parathesia diagnosed by a neurologist; No, the patient is not experiencing or presenting x-ray evidence of a recent fracture.

Unknown; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; lower C spine pain shooting to left arm, finger. Numbness to 1,2,3 fingers. Grip 3/4 left hand; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not x-ray evidence of a recent cervical spine fracture.

This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

No improvement with conservative treatment. Has tried prednisone and gabapentin without improvement Have taken x-rays of Ts spine that were negative for anything acute; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; range of motion to the right causes significant numbness/warm sensation to lateral side of right arm. With Hyperextension of neck it produces dizziness to patient. Has limited overhead movement of arms due to discomfort. Has tenderness to upper thoracic sp; There is recent evidence of a thoracic spine fracture.

No improvement with conservative treatment. Has tried prednisone and gabapentin without improvement Have taken x-rays of Ts spine that were negative for anything acute; This is a request for a thoracic spine MRI.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; range of motion to the right causes significant numbness/warm sensation to lateral side of right arm. With Hyperextension of neck it produces dizziness to patient. Has limited overhead movement of arms due to discomfort. Has tenderness to upper thoracic sp; There is recent evidence of a thoracic spine fracture.

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Unknown Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.;

Unknown Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Enter date of initial onset here - or Type In Unknown If No Info Given.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Unknown Disapproval 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST Radiology Services Denied Not Medically Necessary

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One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
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<th>Disapproval</th>
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<td>Services</td>
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- **Unknown**
- **Disapproval**
- **72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST**
- **Radiology Services Denied**
- **Not Medically Necessary**
- **This study is being ordered for a neurological disorder.**
- **01/01/1996**
- **There has been treatment or conservative therapy.**
- **The study requested is a Lumbar Spine MRI.**
- **The patient has acute or chronic back pain.**
- **The patient does have new or changing neurologic signs or symptoms.**
- **There is weakness.**
- **There is not x-ray evidence of a recent lumbar fracture.**
- **Low back pain that radiates down both sides and causing legs to give out leading to frequent falls.**
- **Weakness on exam of bilateral extremities.**
- **There is not x-ray evidence of a recent lumbar fracture.**
- **Lumbar back pain; The study requested is a Lumbar Spine MRI.**
- **The patient has acute or chronic back pain.**
- **The patient has none of the above.**
<table>
<thead>
<tr>
<th>Patient Case</th>
<th>Disapproval Judgment</th>
<th>MRI Requested</th>
<th>Radiology Services Denied</th>
<th>Not Medically Necessary</th>
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<tr>
<td>Patient has failed three weeks conservative therapy. Low back pain with radiation to buttocks. X-rays of lumbar spine normal. The study requested is a Lumbar Spine MRI. Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms; The patient has seen the doctor more than once for these symptoms; The physician has not directed conservative treatment for the past 6 weeks.</td>
<td>Unknown</td>
<td>Disapproval</td>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
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<td>Patient has had back pain for over a year. Conservative treatment has not helped. She has altered gait due to pain and straight leg test was positive. When palpating the spine she was severely tender in the midline. Need MRI to further evaluate; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks; It is not know if the patient has seen the doctor more then once for these symptoms.</td>
<td>Unknown</td>
<td>Disapproval</td>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
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<td>Patient is having a shocking type pain in her left knee and some in her knee right knee. She has weakness radiating from her lower back down both legs; The study requested is a Lumbar Spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms; There is weakness; She is still having the shocking; pain in the left knee and has weakness radiating from; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; She reports that the home exercise program of her legs and lumbar spine has not helped her symptoms. On exam, she has weakness radiating from.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.</td>
<td>Unknown</td>
<td>Disapproval</td>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
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<td>Patient presents with back pain that started when she heard a pop and pain slowly progressed. Pain is worse with movement. Patient went to the ER and obtained x-rays which showed no abnormalities. Patient was prescribed flexeril and Norco which has not helped; The study requested is a Lumbar Spine MRI; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms; The patient has NOT had back pain for over 4 weeks.</td>
<td>Unknown</td>
<td>Disapproval</td>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>Radiology Services Denied Not Medically Necessary</td>
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Patient states he is less and less able to perform activities of daily living. He wants to try injection therapy as alternative and MRI is required to do so.

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; approximately 10-15 years ago. There has been treatment or conservative therapy; pain, swelling, tenderness, stiffness; Patient reported to clinic that he has previously tried Chiropractic treatment and Physical Therapy as well.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Pt has increased pain to her lumbar spine. She has degenerative change facet joints and disc narrowing lower two levels greatest at L5-S1.; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt is hardly unable to sit or stand by herself due to her increased back problems. Pt requires assistance with sitting, standing and walking.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Pt has tried medication with no relief. Has developed numbness down rt leg; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pt is having numbness down rt leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.

Received call from chiropractor, states he said Rachel in the office and feels she needs MRI. States she is experiencing UI and has flattened thoracic disc and loration.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above.

The patient complains of pain in lower back and legs for last several years. Reports onset of pain as sporadic since April 2017. The pain has progressively gotten worse over time and is not being controlled with rest, activity modification and medication.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.
<table>
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<tr>
<th>Code</th>
<th>Text Description</th>
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<tr>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>The study requested is a Lumbar Spine MRI.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?</td>
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<tr>
<td>72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)</td>
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<tr>
<td>72196 MRI PELVIS</td>
<td>This study is being ordered for a Pelvis MRI.; The request is not for any of the listed indications.</td>
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<td>72196 MRI PELVIS</td>
<td>This study is being ordered for a Pelvis MRI.; The request is not for any of the listed indications.</td>
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<td>73200 CT ARM OR UPPER EXTREMITY</td>
<td>This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a request for a Diagnostic CT</td>
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<tr>
<td>73221 MRI JOINT OF UPPER EXTREMITY</td>
<td>The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request is for shoulder pain.</td>
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<td>73221 MRI JOINT OF UPPER EXTREMITY</td>
<td>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/15/2017; There has been treatment or conservative therapy.; PAIN, NUMBNESS IN HANDS &amp;amp; FOREARMS, LIMITED ROM; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>73221 MRI JOINT OF UPPER EXTREMITY</td>
<td>This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/15/2017; There has been treatment or conservative therapy.; PAIN, NUMBNESS IN HANDS &amp;amp; FOREARMS, LIMITED ROM; MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<td>Unknown</td>
<td>Disapproval</td>
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<td>Patient is having R shoulder pain. He has had an injury about 10 years ago. Xray was negative.; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks. 1</td>
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<tr>
<td>Patient is having R shoulder pain. He has had an injury about 10 years ago. Xray was negative.; The requested study is a Shoulder MRI.; The pain is from an old injury.; The request is for shoulder pain.; The physician has not directed conservative treatment for the past 6 weeks. 1</td>
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<td>suspected rotator cuff tear and DJD progression; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has been treatment or conservative therapy.; increase pain and limited range of motion; ice x3 &amp; stretching/therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology 1</td>
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<td>The requested study is a Shoulder MRI.; The caller indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation.; Patient has had left shoulder pain for 11 days with Crepitation, popping and numbness, pt states that the lateral aspect of her arm all the way down into 5th digit is completely numb, NSAID's do not help 1</td>
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<td>The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; Abnormal X Ray left Shoulder series, 2 views. Findings: No acute fractures or dislocation deformity. Minimal degenerative changes are present. Corelation with an MRI is recommended.ruling out a torn Rotator cuff. 1</td>
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<td>This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has not experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning. 1</td>
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<tr>
<td>This is a request for an upper extremity joint MRI.; The patient does have documented weakness or partial loss of feeling in the upper extremity.; There has has been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does not have an abnormal plain film study of the joint.; The patient has not been treated with and failed a course of four weeks of supervised physical therapy.; The patient has a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning. 1</td>
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Patient is overweight and her job has her bending and standing for long periods of time causing knee pain. She has also been dx with diabetes. This is not a preoperative or recent postoperative evaluation. There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This is a request for a Knee CT; Yes this is a request for a Diagnostic CT &lt;Enter answer here - or Type In Unknown If No Info Given.&gt; This is a request for a Knee MRI.; It is not known if patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; There is no suspected meniscus, pre-op or post-op evaluation, non-acute Chronic Pain, suspected tumor or Aseptic Necrosis; There is no symptom of locking, Instability, Swelling, Redness, Limited range of motion or pain. &lt;Enter answer here - or Type In Unknown If No Info Given.&gt; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscopy is not scheduled in the next 4 weeks. &lt;Enter answer here - or Type In Unknown If No Info Given.&gt; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; &lt;Enter date of initial onset here - or Type In Unknown If No Info Given.&gt; It is not known if there has been any treatment or conservative therapy. &lt;Enter answer here - or Type In Unknown If No Info Given.&gt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
Left knee: He exhibits swelling, effusion and abnormal meniscus. Tenderness found. Medial joint line tenderness noted. Obtain MRI of left knee given joint instability and persistent pain despite NSAID therapy and bracing; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy.; The patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.

Pt has mild diffuse bony demineralization of the left foot.; This is a request for a foot MRI.; A plain x-ray of the area been done.; The study is being ordered forfoot pain.; The results of the plain film x-ray were abnormal. 1

Pt just recently injured her left knee and needs an MRI asap so we can see what's going on with it.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; Surgery or arthroscoopy is not scheduled in the next 4 weeks. 1

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus;pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Instability 1

This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy? 4

This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no suspected meniscus;pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or Aseptic Necrosis; Instability 1

This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy? 4

This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy? 4

This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy? 4

This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy? 4

This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy? 4
Unknown Disapproval 74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST Radiology Services Denied Not Medically Necessary Known ascending aortic aneurysm.; This study is being ordered for Vascular Disease.; Ascending aortic aneurysm; There has been treatment or conservative therapy.; He has coronary disease.; Blood pressure medication to keep blood pressure controlled. Treatment for hyperlipidemia.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

Unknown Disapproval 74176 CT ABD & PELVIS W/O CONTRAST Radiology Services Denied Not Medically Necessary &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

Unknown Disapproval 74176 CT ABD & PELVIS W/O CONTRAST Radiology Services Denied Not Medically Necessary This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT

Unknown Disapproval 74176 CT ABD & PELVIS W/O CONTRAST Radiology Services Denied Not Medically Necessary This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

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Unknown Disapproval 74176 CT ABD & PELVIS W/O CONTRAST Radiology Services Denied Not Medically Necessary This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT
Please set up dedicated renal CT without and with IV contrast as suggested on CT abdomen without contrast, low density lesion in the upper pole left kidney, incompletely characterized, 8 mm low-density lesion in the posterior segment of the right hepatic; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

PT IS HAVING PAIN IN LOWER ABDOMEN AND TESTICULAR PAIN. PT STATES HE HAS BEEN LIFTING HEAVY OBJECTS. PT HAS TENDERNESS OF SUPRAPUBIC & RLQ. PT IS TAKING TRAMADOL FOR PAIN; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT

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This is a request for an abdomen-pelvis CT combination.; A urinalYSIS has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT
| Unknown | Disapproval | 74176 CT ABD & PELVIS W/O CONTRAST | Radiology Services Denied Not Medically Necessary | This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Patient has a strong history of prostate cancer in his family and patient has a history of testicular cancer.; Yes this is a request for a Diagnostic CT; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT. |
| Unknown | Disapproval | 74176 CT ABD & PELVIS W/O CONTRAST | Radiology Services Denied Not Medically Necessary | This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT. |
| Unknown | Disapproval | 74176 CT ABD & PELVIS W/O CONTRAST | Radiology Services Denied Not Medically Necessary | Diagnostic CT; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT. |
| Unknown | Disapproval | 74176 CT ABD & PELVIS W/O CONTRAST | Radiology Services Denied Not Medically Necessary | Diagnostic CT; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT. |
| Unknown | Disapproval | 74176 CT ABD & PELVIS W/O CONTRAST | Radiology Services Denied Not Medically Necessary | Diagnostic CT; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT. |
| Unknown | Disapproval | 74176 CT ABD & PELVIS W/O CONTRAST | Radiology Services Denied Not Medically Necessary | Diagnostic CT; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an ultrasound.; The ultrasound was normal.; Yes this is a request for a Diagnostic CT. |
| Unknown | Disapproval | 74176 CT ABD & PELVIS W/O CONTRAST | Radiology Services Denied Not Medically Necessary | Diagnostic CT; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT. |
Unknown  Disapproval  74181 MRI ABDOMEN  Radiology Services Denied  Not Medically Necessary  
Patient has RUQ abdominal pain. He has had a laparoscopic cholecystectomy in 2014; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.

Unknown  Disapproval  74181 MRI ABDOMEN  Radiology Services Denied  Not Medically Necessary  
This is a request for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; &lt;Enter answer here - or Type In Unknown If No Info Given. &gt;

Unknown  Disapproval  77058 MRI breast,without and/or with contrast material(s);unilateral  Radiology Services Denied  Not Medically Necessary  
This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.

Unknown  Disapproval  78451 Myocardial perfusion imaging, tomographic (SPECT); single study  Radiology Services Denied  Not Medically Necessary  ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29

Unknown  Disapproval  78451 Myocardial perfusion imaging, tomographic (SPECT); single study  Radiology Services Denied  Not Medically Necessary  CHEST PAIN; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

Unknown  Disapproval  78451 Myocardial perfusion imaging, tomographic (SPECT); single study  Radiology Services Denied  Not Medically Necessary  has been having problems lately with DOE and tacycardia on exertion, has a history of post op afib but is now off the amiodarone. He doesn't know if this is atrial fibrillation or now. It is relieved with rest. When it happens it is severe in intensity, ; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

Unknown  Disapproval  78451 Myocardial perfusion imaging, tomographic (SPECT); single study  Radiology Services Denied  Not Medically Necessary  This is a request for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29
<table>
<thead>
<tr>
<th>78451 Myocardial perfusion imaging, tomographic (SPECT); single study</th>
<th>Radiology Services Denied Not Medically Necessary</th>
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<tbody>
<tr>
<td><strong>Left upper quadrant pain that radiates to to lower chest and back with Nausea, feeling clammy, fatigue, had Abnormal EKG.; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.</strong></td>
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<td><strong>malignant thyroid tumor; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</strong></td>
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<td><strong>Mr Smith is a 52 year old male referred from Pillow Clinic for chest pain. He has a family history of premature CAD, HTN, HLD and is a smoker. His chest pain started a few years ago. It is getting worse. He has numbness in his right arm. It feels heavy. I; The study is being ordered for suspected CAD.; The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient has not had previous cardiac surgery or angioplasty.; The patient has not had a recent non-nuclear stress test.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient does not have a physical limitation to exercise.; This is NOT a Medicare member.; The patient’s age is between 45 and 64 years old.</strong></td>
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<td><strong>No pulmonary embolism.&amp;#x0D; 2. Small right-sided pleural effusion with mild subpleural atelectasis&amp;#x0D; in each lower lobe; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.</strong></td>
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<td><strong>we are greater then 90 minutes away from facility with stress echo abnormal EKG , palpitations , dizziness chest pain; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; It is not known whether the patient has one or more of the following: heart transplant, aortic aneurysm, carotid artery narrowing or stenosis, and/or peripheral vascular disease or narrowed blood vessels in the legs.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); This is NOT a Medicare member.; The patient is less than 45 years old.</strong></td>
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<td><strong>We are unable to perform a non-nuclear treadmill test secondary to a markedly abnormal EKG.&amp;#x0D; &amp;#x0D;&amp;#x0D;&amp;#x0D; 1. 2 WK F/U &amp;#x0D; The symptoms began 2 weeks ago and generally lasts varies. The symptoms are reported as being moderate. The symptoms occur constantly. The loc; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study); The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.</strong></td>
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This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new signs or symptoms.; This is NOT a Medicare member.

This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.

Previous imaging shows jaw lesion.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Elevated prolactin levels (72.10) and headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.

There is evidence of a lung, mediastinal or chest mass noted within the last 30 days.; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT.
Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; yes this is a request for a Diagnostic CT newly dx in sept of urothelia carcinoma with cystectomy in sept and we need restaging with ct chest abd pelvis.; This study is being ordered for a metastatic disease.; there are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

None of the above describes the reason for this request.; Initial staging prior to treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; yes this is a request for a Diagnostic CT

None of the above describes the reason for this request.; 'None of the above' are is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; yes this is a request for a Diagnostic CT

None of the above describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; yes this is a request for a Diagnostic CT

None of the above describes the reason for this request.; This study is being requested for 'none of the above'.; This study is being requested for non of the above.; Yes this is a request for a Diagnostic CT

Pre-operative evaluation describes the reason for this request.; This is a request for a Diagnostic CT

PROSTATE CANCER; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; The study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT

Restaging during ongoing therapy.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

The patient has a history of adenocarcinoma of the left kidney. She underwent a left nephrectomy on 10/20/2015. Scans are ordered for routine surveillance; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

The patient has a renal mass measuring 3.6 centimeters that was found on previous imaging. Mass is highly suspicious for renal cell carcinoma. Scan is being ordered for further investigation and staging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; Yes this is a request for a Diagnostic CT

This is a request for a Thorax (Chest) CT.; 'None of the above' describes the reason for this request.; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This study is being requested for known cancer or tumor; yes this is a request for a Diagnostic CT
<table>
<thead>
<tr>
<th>Urology</th>
<th>Approval</th>
<th>CT CHEST, THORAX</th>
<th>COLONOSCOPY, EBC, MRS, PET Scan, or Unlisted CT/MRI.</th>
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<td>Approval</td>
<td>MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST</td>
<td>The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)</td>
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<td>Approval</td>
<td>CT PELVIS WITHOUT CONTRAST</td>
<td>The study is being ordered for some other reason than the choices given.; This is a request for a Pelvic CT.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td></td>
<td>Approval</td>
<td>CT PELVIS WITHOUT CONTRAST</td>
<td>This study is being ordered due to known or suspected infection.; &quot;The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient.&quot;; This is a request for a Pelvic CT.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td></td>
<td>Approval</td>
<td>CT PELVIS WITHOUT CONTRAST</td>
<td>This study is being ordered due to known or suspected infection.; &quot;The patient has not had an IVP.; This study is being ordered due to hematia.; This is a request for a Pelvic CT.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td></td>
<td>Approval</td>
<td>CT PELVIS WITHOUT CONTRAST</td>
<td>The patient has a known distal ureteral stone. Patient is unsure if he has passed it and it cannot be visualized on abdominal xray. Scan is being done to locate stone; The patient has painful hematia.; The patient has had an IVP.; This study is being ordered due to hematia.; This is a request for a Pelvic CT.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td></td>
<td>Approval</td>
<td>CT PELVIS WITHOUT CONTRAST</td>
<td>testicular swelling; This study is being ordered because of a suspicious mass/ tumor.; &quot;The patient has had a pelvic ultrasound, barium, CT, or MR study.&quot;; This is a request for a Pelvic CT.; There are documented physical findings (painless hematia, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td></td>
<td>Approval</td>
<td>CT PELVIS WITHOUT CONTRAST</td>
<td>The patient has a known distal ureteral stone that is not visible on KUB. Scan being done to see if stone has passed; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvic CT.; Yes this is a request for a Diagnostic CT</td>
</tr>
</tbody>
</table>

Ultrasound suggest highly suspicious 8cm left renal mass. There is a mass on the left kidney up to 13cm highly suspicious for renal cell carcinoma; family hx of renal mass in his brother.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBC, MRS, PET Scan, or Unlisted CT/MRI.
ULTRASOUND NON DIAGNOSTIC; This study is being ordered because of a suspicious mass/tumor; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor; Yes this is a request for a Diagnostic CT

unknown; This study is being ordered due to known or suspected infection; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT; Yes this is a request for a Diagnostic CT &lt; Enter answer here - or Type In Unknown If No Info Given. &gt; This is a request for a Pelvis MRI; The request is not for any of the listed indications. &lt; Enter answer here - or Type In Unknown If No Info Given. &gt; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; unknown; There has not been any treatment or conservative therapy; elevated PSA; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

; This is a request for a Pelvis MRI; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.

Fluctuating psa; This is a request for a Pelvis MRI; The request is not for any of the listed indications.

; This is a request for a Pelvis MRI; The request is not for any of the listed indications. Patient needs a MRI of the abdomen and MRI of the pelvis due to renal mass and hematuria. Need to evaluate mass and evaluate for stone. Patient unable to have contrast CT due to anaphylactic reaction to the iodine needed for a contrast study; This study is being ordered for a metastatic disease; There are 2 exams are being ordered; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBT, MRS, PET Scan, or Unlisted CT/MRI; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology

This is a request for a Pelvis MRI; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease.

This is a request for a Pelvis MRI; This is a request for a Pelvis MRI; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?

; This is a request for an Abdomen CT; This study is being ordered for a suspicious mass or tumor; There is no suspicious mass found using ultrasound, IVp, Endoscopy, colonoscopy, or sigmoidoscopy; There is suspicion of an adrenal mass (pheochromocytoma); The suspicion of an adrenal mass was suggested by some type of imaging other than an Ultrasound; Yes this is a request for a Diagnostic CT
This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; It is unknown if this study is being ordered for staging of a known tumor (not) prostate, known prostate CA with PSA&gt; 10, abdominal mass, retroperitoneal mass or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This study being ordered for initial staging of a known tumor other than prostate.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; This is a request for an initial staging of a known tumor other than prostate.; No, this is not a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; There are new symptoms including hematuria.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT

This is a request for an Abdomen CT.; This study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; Yes this is a request for a Diagnostic CT

This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the hematuria is not known.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; Yes this is a request for a Diagnostic CT.
<table>
<thead>
<tr>
<th>Urology Approval</th>
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<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT</td>
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<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
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<tr>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Calculus of kidney; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT</td>
</tr>
<tr>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>CT guided biopsy of an atypical renal mass was done on 10/19/17. It is believed to be a complex post hemorraghic cyst. Will need to be monitored.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
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<tr>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>FLANK PAIN AND KIDNEY STONES; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT</td>
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<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Yes this is a request for a Diagnostic CT</td>
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<tr>
<td>Procedure</td>
<td>Order Details</td>
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<td>-------------------------------------------------------------------------------------------------</td>
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<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Joseph R Baillargeon is a 64 y.o. male referred by Cannaday, Jerry, DO for evaluation of elevated psa. PSA 5.9 on 11/9/17. Has never been elevated before.&amp;x003D; Reports psa 2.5 years ago was 3.0;&amp;x003D; His father died of prostate cancer at age 76.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>KIDNEY STONES AND FLANK PAIN; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>KIDNEY STONES AND HYDRONEPHROSIS; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT.</td>
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<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>KIDNEY STONES; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT.</td>
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<tr>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>newly dx in sept of urothelia carcinoma with cystectomy in sept and we need restaging with ct chest abd pelvis.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
</tr>
<tr>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Patient has know diagnosis of kidney stones in left kidney. Prior imaging of x-ray KUB confirmed diagnosis. Patient has worsening abdominal pain.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
<td>Patient seen in clinic 10/30/17 for hematuria, UA showed small blood, she is having abdominal pain and does have a history of stones. Looking for underlying cause of blood in urine.; This is a request for an abdomen-pelvis CT combination.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT.</td>
</tr>
<tr>
<td>Urology</td>
<td>Approval 74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
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<td>patient seen in clinic for history of kidney stones and having bilateral throbbing flank pain and back pain. Patient reports that KUB done last month was negative for stones. during the last 7-8 months he wakes at night due to the throbbing pain.; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; It is not know if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT Possible kidney stone.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnosis CT pt has history of kidney stones/flank pain and blood in urine..needs ct to evaluate.; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT PT IS HAVING LLQ PAIN WITH SWOLLEN TESTICLES WHICH IS DIAGNOIS WITH epididymitis; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT RENAL MASS; This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is female.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT Restaging during ongoing therapy.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; size 2.5 x 2.4 x 2.1cm solid mass in the abdominal and patient also has history of enal cancer. Patient is complaining of Abdominal pain which is severe. Also found to have a vesicovaginal fistula; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT The patient has a history of adenocarcinoma of the left kidney. She underwent a left nephrectomy on 10/20/2015. Scans are ordered for routine surveillance; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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</table>
The patient has a known left renal stone. She had a KUB yesterday that shows the stone has possibly moved into the ureter. Scan is being done to verify; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT.

The patient has a known left renal stone. She had a KUB yesterday that shows the stone has possibly moved into the ureter. Scan is being done to verify; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT.

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The patient has a known left renal stone. She had a KUB yesterday that shows the stone has possibly moved into the ureter. Scan is being done to verify; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT.

The patient has a known left renal stone. She had a KUB yesterday that shows the stone has possibly moved into the ureter. Scan is being done to verify; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT.

The patient has a known left renal stone. She had a KUB yesterday that shows the stone has possibly moved into the ureter. Scan is being done to verify; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT.

The patient has a known left renal stone. She had a KUB yesterday that shows the stone has possibly moved into the ureter. Scan is being done to verify; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT.
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<tr>
<td>This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for glucose.; Yes this is a request for a Diagnostic CT 1</td>
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<td>This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; Yes this is a request for a Diagnostic CT 2</td>
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<td>This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; Yes this is a request for a Diagnostic CT 2</td>
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<td>This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT 1</td>
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<td>This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT 1</td>
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<td>This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT 4</td>
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This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT  

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT  

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT  

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This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT  

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<td>This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT</td>
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</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a specialist for an infection.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
<td>6</td>
</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; It is not known if there is a strong suspicion of kidney or ureteral stones.; This patient is experiencing hematuria.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; It is not known if this is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; It is not known if this is a request for initial staging of a known tumor other than prostate.; There is an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; It is not known if this is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; It is not known if this is a request for initial staging of a known tumor other than prostate.; This patient has known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
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<td>This is a request for an abdomen-pelvis CT combination.; It is not known if this is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; This patient has known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ureteral stone.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
</tbody>
</table>
This is a request for an abdomen-pelvis CT combination.; The hematuria is due to Renal Calculi/kidney/ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The hematuria is due to tumor or mass.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is a request for evaluation of prostate cancer.; There is not a PSA greater than 10.; There is a Gleason Score (sum) 7 or greater.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The patient did not have a prior Abdomen/Pelvis CT.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient is male.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; It is not known if the patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT
<p>| Urology Approval | 74176 CT ABD &amp; PELVIS W/O CONTRAST | This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; It is unknown if the patient has completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT | 1 |
| Urology Approval | 74176 CT ABD &amp; PELVIS W/O CONTRAST | This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT | 3 |
| Urology Approval | 74176 CT ABD &amp; PELVIS W/O CONTRAST | This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT | 1 |
| Urology Approval | 74176 CT ABD &amp; PELVIS W/O CONTRAST | This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT | 1 |
| Urology Approval | 74176 CT ABD &amp; PELVIS W/O CONTRAST | This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT | 3 |
| Urology Approval | 74176 CT ABD &amp; PELVIS W/O CONTRAST | This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Other; Yes this is a request for a Diagnostic CT | 2 |
| Urology Approval | 74176 CT ABD &amp; PELVIS W/O CONTRAST | This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; &lt;Enter Additional Clinical Information&gt;; Yes this is a request for a Diagnostic CT | 2 |</p>
<table>
<thead>
<tr>
<th>Urology Approval</th>
<th>74176 CT ABD &amp; PELVIS W/O CONTRAST</th>
</tr>
</thead>
<tbody>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; ABDOMINAL PAIN; Yes this is a request for a Diagnostic CT</td>
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<tr>
<td>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; HYDRONEPHROSIS AND RECURRENT UTI; Yes this is a request for a Diagnostic CT</td>
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<tr>
<td>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; HYDRONEPHROSIS AND RECURRENT UTI; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; HYDRONEPHROSIS AND RECURRENT UTI; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; HYDRONEPHROSIS AND RECURRENT UTI; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes this is a request for a Diagnostic CT</td>
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</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT</td>
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</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; This study is not being requested for abdominal and/or pelvic pain.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT</td>
<td>14</td>
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<tr>
<td>This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT</td>
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</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; This is a request for follow up of a known tumor or cancer involving both the abdomen and pelvis and the patient is undergoing active treatment.; Known Tumor, Cancer, Mass, or Rule out metastases; Yes this is a request for a Diagnostic CT</td>
<td>1</td>
</tr>
<tr>
<td>This is a request for an abdomen-pelvis CT combination.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; It is not known if there are new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT</td>
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This is a request for an abdomen-pelvis CT combination.; This is not a request for follow up of a known tumor or cancer involving both the abdomen and pelvis or if this patient is undergoing active treatment.; This is not a request for initial staging of a known tumor other than prostate.; There is no abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.; There are new signs or symptoms including hematuria, presenting with known cancer or tumor.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known Tumor, Cancer, Mass, or Rule out metastases; No, there is not a palpable or observed abdominal mass.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This request is not for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; It is not known if there is recent trauma with physical findings or abnormal blood work indicating either peritonitis or abscess.; It is not known if there are physical findings or lab results indicating an intra-abdominal bleed.; Trauma; THIS PATIENT HAS HAD MULTIPLE UA'S THAT SHOWED MICROSCOPIC HEMATURIA. WE NEED A CT TO EVALUATE WHERE THIS BLOOD IS COMING FROM.;

Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT
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This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; The patient had an Ultrasound; The Ultrasound was abnormal; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Anerysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had an endoscopy.; The endoscopy was normal.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT
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This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT.

This is a request for an abdomen-pelvis CT combination.; This study is requested for post-op evaluation.; The study is not requested as a first follow up study for a suspected or known post-op complication.; It is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT.

Ultrasound suggest highly suspicious 8cm left renal mass. there is a mass on the left kidney up to 13cm. highly suspicious for renal cell carcinoma & family hx of renal mass in his brother.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Urinary tract infection, MEDS have not helped.; This is a request for an abdomen-pelvis CT combination.; This study is requested for post-op evaluation.; The study is not requested as a first follow up study for a suspected or known post-op complication.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT.

&nlt;Enter answer here - or Type In Unknown If No Info Given. &nrt; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a renal cyst.
patient needs a MRI of the abdomen and MRI of the pelvis due to renal mass and hematuria. need to evaluate mass and evaluate for stone. patient unable to have contrast CT due to anaphylactic reaction to the iodine needed for a contrast study.;
This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology. 

This request is for an Abdomen MRI.; This study is being ordered for hematuria.; The patient has painful hematuria.; The patient has not had an IVP.; &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;

This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; It is not known if the patient is presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; It is not known if the patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; There is a 1.7 cm low-density focus at the mid right kidney which may represent solid mass or complex cyst. There is also suggestion of a slightly complex cyst at the lower right kidney. Again MRI would likely be most helpful in further evaluation.&lt;#x0D; There is no info given.

This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; The patient is not presenting new symptoms.; The patient has had 3 or fewer follow-up abdomen MRIs.; This study is being ordered for follow-up.; It is not known if the patient is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; Malignant neoplasm of unspecified kidney, except renal pelvis &lt;#x0D; MRI six months for hx rcc &lt;#x0D; 12.1 x 5.8 cm. Approximate 1.3 cm left lower pole hypoechoic lesion &lt;#x0D; probably represents a cyst.

This request is for an Abdomen MRI.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; No info given.

This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; There is an ultrasound or plain film evidence of an abdominal organ enlargement.; noted CT evidence of right adrenal hypertrophy
This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study.;"

This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor."; "The patient has had an abdominal ultrasound, CT, or MR study.;" &lt; Enter answer here - or Type In Unknown If No Info Given. &gt;
This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;; "The patient has had an abdominal ultrasound, CT, or MR study.;; pain. 9mm kidney cyst., This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;; "The patient has had an abdominal ultrasound, CT, or MR study.;; The patient has microscopic hematuria. She had a noncontrast CT scan that showed multiple renal masses. MRI is being ordered to better classify these masses., This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; "There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.;; It is not known if the patient had an abdominal ultrasound, CT or MR study.; &lt;Enter answer here - or Type In Unknown If No Info Given.&gt;., This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study.;; 1 cm mass posterior to the left kidney in the perinephric fat., This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study.;; indeterminate, isoenhancing 2.3 cm hepatic mass which is partially exophytic and along the inferior hepatic tip. Contrast-enhanced MRI is recommended for more definitive characterization., This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; It is not known if there are documented physical findings consistent with an abdominal mass or tumor.; "The patient has had an abdominal ultrasound, CT, or MR study.;; Renal mass: 4x3cm complex cyst in medial right kidney; seen as renal cyst on MRI on 10/17/2016 shows Simple cysts both kidneys, &lt;#x0D;&gt; &lt;#x0D;&gt; Renal cyst; proteinaceous cyst inferior pole left kidney. Needs F/u per radiologist recomendation., This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made); This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.
This is a request for a Tumor Imaging PET Scan; The suspicion of cancer is based on more than 1 of the following: diagnostic test, imaging study, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for initial treatment (after a diagnosis of Cancer has been made.); This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for subsequent treatment.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is NOT a Medicare member.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This is a request for a Tumor Imaging PET Scan; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Reason for Disapproval</th>
</tr>
</thead>
<tbody>
<tr>
<td>71250</td>
<td>CT CHEST, THORAX</td>
<td>'None of the above' describes the reason for this request.; This study is being</td>
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<td></td>
<td>requested for 'none of the above'.; This is a request for a Chest CT.; This study is</td>
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<td></td>
<td>being requested for none of the above.; Yes this is a request for a Diagnostic CT</td>
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<td>Patient has renal cell carcinoma; has a renal lesion; neck mass and thyroid nodule;</td>
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<td>This study is being ordered for a metastatic disease.; There are 2 exams being ordered.</td>
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<td>One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET</td>
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<td></td>
<td>Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist,</td>
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<td>Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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<tr>
<td>71250</td>
<td>CT CHEST, THORAX</td>
<td>The patient has a history of testicular cancer. He underwent right orchiectomy and</td>
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<td>radiation therapy. Scan is being done for routine metastatic surveillance.; This study</td>
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<td>is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One</td>
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<td>of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan,</td>
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<td></td>
<td>or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist,</td>
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<td>Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.</td>
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<tr>
<td>71250</td>
<td>CT CHEST, THORAX</td>
<td>The patient was dx with renal cancer in August 2017. He underwent right nephrectomy at</td>
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<td>that time and has not had any scans to stage the cancer; This study is being ordered</td>
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<td>for a metastatic disease.; There are 2 exams are being ordered.; One of the studies</td>
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<td></td>
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<td>being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted</td>
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<td></td>
<td></td>
<td>CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,</td>
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<td>Oncology, Surgical Oncology or Radiation Oncology.</td>
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<tr>
<td>72192</td>
<td>PELVIS WITHOUT CONTRAST</td>
<td>Elevated psa, abnormal DRE exam.; This is a request for a Pelvis MRI.; The patient</td>
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<td>has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is</td>
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<td></td>
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<td>being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.</td>
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<tr>
<td>74150</td>
<td>ABDOMEN WITHOUT CONTRAST</td>
<td>This is a request for an Abdomen CT.; This study is being ordered for a known tumor,</td>
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<td>cancer, mass, or rule out metastases.; No, this is not a request for follow up to a</td>
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<td>known tumor or abdominal cancer.; This study being ordered for initial staging of a</td>
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<td>known tumor other than prostate.; Yes this is a request for a Diagnostic CT.; This study</td>
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<td>is a request for an abdomen-pelvis CT combination.; This study is being requested for</td>
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<td>abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has</td>
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<td>been a physical exam.; The patient is male.; A rectal exam was performed.; The results</td>
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<td>of the exam were abnormal.; Yes this is a request for a Diagnostic CT</td>
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<tr>
<td>Urology</td>
<td>Disapproval</td>
<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
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<tr>
<td>Abdominal pain and UTI; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT</td>
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<tr>
<td>Kidney stones and pain in pelvis; This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; Yes this is a request for a Diagnostic CT</td>
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<td>Laceration of kidney; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
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</tr>
<tr>
<td>Monitoring a renal cyst.; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
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<tr>
<td>Patient has a recurrent kidney stone; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</td>
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<tr>
<td>Patient is having left flank pain due to kidney stones; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
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<tr>
<td>Scrotal pain; This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
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</table>
The patient has a history of testicular cancer. He underwent right orchiectomy and radiation therapy. Scan is being done for routine metastatic surveillance; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; The urinalysis was positive for something other than bilirubin, ketones, nitrates, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; Yes this is a request for a Diagnostic CT

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This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrates, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT

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This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT
<table>
<thead>
<tr>
<th>Urology</th>
<th>Disapproval</th>
<th>74176 CT ABD &amp; PELVIS W/O CONTRAST</th>
<th>Radiology Services Denied Not Medically Necessary</th>
<th>This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; This is the first visit for this complaint.; This study is being requested for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT</th>
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<tr>
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<td>This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT</td>
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<td>Urology</td>
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<td>74176 CT ABD &amp; PELVIS W/O CONTRAST</td>
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<td>This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is known tumor.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is none of the listed reasons.; This study is not requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; It is not known if the study is requested for hematuria.; It is unknown if the patient had an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT</td>
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<td></td>
<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; The reason for the study is requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A rectal exam was performed.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The ultrasound showed a Kidney/Renal cyst(s); Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT</td>
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<td>Yes this is a request for a Diagnostic CT; It is unknown if the urinalysis was normal or abnormal.; Yes this is a request for a Diagnostic CT</td>
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<td>This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is NOT a Medicare member.</td>
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<td>Urology</td>
<td>Disapproval</td>
<td>78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY</td>
<td>Radiology Services Denied</td>
<td>Not Medically Necessary</td>
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Vascular Surgery Approval

70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST

This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; Artery stenosis; Anti platelets; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Vascular Surgery Approval

71250 CT CHEST, THORAX
71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

He is s/p thoracic stent repair. He has an aneurysm that needs to be evaluated for surgical options.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Vascular Surgery Approval

71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

Pt with symptoms consistent with upper extremity claudication and vascular insufficiency. Her ABI evaluation today shows normal pressures at the wrist on the right and greatly diminished (0.68) on the left. Will obtain CTA of the chest for evaluation of t; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.

Vascular Surgery Approval

71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.

Vascular Surgery Approval

71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Vascular Surgery Approval

71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST

unknown; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; This surgery is not scheduled/ planned.; Yes, this is a request for a Chest CT Angiography.

Vascular Surgery Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)

Vascular Surgery Approval

74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST

He is s/p thoracic stent repair. He has an aneurysm that needs to be evaluated for surgical options.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.

Vascular Surgery Approval

74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST

This is a request for CT Angiography of the Abdomen and Pelvis.
unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; unknown; There has not been any treatment or conservative therapy.; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Vascular Surgery Approval 74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST RAST 1

Yes, this is a request for CT Angiography of the abdomen.

Vascular Surgery Approval 74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST RAST 1

This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/08/2017; There has been treatment or conservative therapy.; Pt has a palpable mass.; Pt has had a biopsy and has had anti inflammatory.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Vascular Surgery Approval 74176 CT ABD & PELVIS W/O CONTRAST 1

This is a request for an abdomen-pelvis CT combination.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; it is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT.

Vascular Surgery Approval 75635 CTA AA&BI ILIOFEM LXTR RS/I C-/C+ POST-PXESSING 8

The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have diabetes.; This is NOT a Medicare member.; The patient is 65 or older.; The patient has a cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty (PCI); It has not been greater than 2 years since the surgery/procedure or last cardiac imaging.; Enter answer here - or Type In Unknown If No Info Given. &gt; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; Artery stenosis; Anti platelets; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology.

Vascular Surgery Disapproval 70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST RAST 1

Radiology Services Denied Not Medically Necessary