

spec_name	min_outcome	diag_proc	reason_for_denial	indication_offered	auth_count
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; 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.	1
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD		< 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 sudden and severe.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 9/4/2017; There has not been any treatment or conservative therapy.; severe right facial swallowing; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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

Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, 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.; 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.	1
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD	blurred vision, nausea, dizziness, fatigue, neck stiffness;; 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
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD	Head injury May 2017, worsening headache, dizziness, fell asleep while driving, had a MVA; 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
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD	R/O acute prosthesis, numbness tingling to face and ear past three days, history of aneurysm(mother); 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	1
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD	r/o possible bleed or mass; This study is being ordered for trauma or injury.; 7/14/2017; There has been treatment or conservative therapy.; headache , neck pain and blurred vision; medication for pain	1

Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD	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.	5
Advanced Practice Registered Nurse	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 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.	1
Advanced Practice Registered Nurse	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 infection or inflammation.	1
Advanced Practice Registered Nurse	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.	13
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD	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.	1
Advanced Practice Registered Nurse	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.	2

Advanced Practice Registered Nurse	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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
Advanced Practice Registered Nurse	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	3 weeks congestion/pressure/inflammation/sinus HA - unable to blow nose, but feels like needs to-wet cough & post nasal drip - unrelieved by Flonase, Zyrtec, Mucinex - mucosal edema, rhinorrhea (purulent) & sinus tenderness present on exam. Posterior orop; 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; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Pt needs a CT of the Brain and CT of the Sinuses due to chronic sinusitis and headaches.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Advanced Practice Registered Nurse	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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	1

Advanced Practice Registered Nurse	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Advanced Practice Registered Nurse	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	painful to palpation, had for about 3 weeks,; 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	1
Advanced Practice Registered Nurse	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	per caller mass was noted on a US of the thyroid; 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	1
Advanced Practice Registered Nurse	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	She has a mass that has been there for over a month. Painful, swollen. needs evaluated. No fever; 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	1

Advanced Practice Registered Nurse	Approval	70490 CT NECK SOFT TISSUES,LARNYX,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.; It is unknown if this is being ordered by an ENT specialist.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	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	1
Advanced Practice Registered Nurse	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the brain.	1
Advanced Practice Registered Nurse	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 has a chronic or recurring headache.	1
Advanced Practice Registered Nurse	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 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

Advanced Practice Registered Nurse	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.; 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
Advanced Practice Registered Nurse	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.; It is not known if there is a family history (parent, sibling, or child) of stroke, aneurysm, or AVM (arteriovenous malformation)	1
Advanced Practice Registered Nurse	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 dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset (within the last 3 months) of neurologic symptoms.	1

Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Altered mental status; 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
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	HX of mini stoke, facial numbness, difficulty thinking, concentration, remembering, blurred vision and some tunnel vision, loss of balance, headache, weakness, extremity numbness on R, has been referred to neurology; 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

Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has 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.; 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
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient is dizzy and falling a lot.; 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
Advanced Practice Registered Nurse	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Provider is ordering MRI Brain to make sure pt doesn't have brain mets that may be causing her confusion. Pt complaints of RUQ pain and nausea. Provider thinks this could be gallbladder problems.; 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 physician is not a hematologist/ oncologist.	1

Advanced Practice Registered Nurse	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 recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	2
Advanced Practice Registered Nurse	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.	10
Advanced Practice Registered Nurse	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 recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	2
Advanced Practice Registered Nurse	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 had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	1
Advanced Practice Registered Nurse	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 associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	1

Advanced Practice Registered Nurse	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.	2
Advanced Practice Registered Nurse	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 seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	1
Advanced Practice Registered Nurse	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 stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	5
Advanced Practice Registered Nurse	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 recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1
Advanced Practice Registered Nurse	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.	1

Advanced Practice Registered Nurse	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	1
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	"The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; 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	2
Advanced Practice Registered Nurse	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	7
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	; 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
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	8

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 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	1
Advanced Practice Registered Nurse	Approval	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 Emphzyoma two lung masses in right and left; "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	2
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	follow up from nodule; "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
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	Lung nodules; "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

Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	pt fail and hit her chest, chest pain; 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
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	pt had chest x ray, plural effusion, j44.1, z99.81; "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
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	pt has Parkinson's disease , g24.4;; 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
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	pulmonary nodule; 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

Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	see scanned info; 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	1
Advanced Practice Registered Nurse	Approval	71250 CT CHEST, THORAX	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	1
Advanced Practice Registered Nurse	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.	2
Advanced Practice Registered Nurse	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	r/o possible bleed or mass; This study is being ordered for trauma or injury.; 7/14/2017; There has been treatment or conservative therapy.; headache , neck pain and blurred vision; medication for pain	1

Advanced Practice Registered Nurse	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	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 trauma or acute injury within 72 hours.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.	1
Advanced Practice Registered Nurse	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	1
Advanced Practice Registered Nurse	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.; Yes this is a request for a Diagnostic CT	1

Advanced Practice Registered Nurse	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	7
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 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.; 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	1
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; 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.; ; 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
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Abnormal Xray recommended Correlation With MRI; This study is being ordered for trauma or injury.; 2012; There has been treatment or conservative therapy.; C/O pain in cervical spine that radiates down left arm-sensitive area on thoracic spine and left lumbar spine pain radiating down left hip and down; Flexeril 10mg 	

Advanced Practice Registered Nurse

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

further evaluation; 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 directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; Pt has been taking medication and doing home exercise since December; no improvement; in fact it seems to be getting worse.

1

Advanced Practice Registered Nurse

Approval

72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST

Tenderness in the neck and pain with 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.

1

Advanced Practice Registered Nurse	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.	1
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; 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.; <Enter Additional Clinical Information>	1
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.; 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.	1

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 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
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; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	16
Advanced Practice Registered Nurse	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; 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.	1
Advanced Practice Registered Nurse	Approval	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?; Yes, the patient is demonstrating unilateral muscle wasting.	1
Advanced Practice Registered Nurse	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.	2

Advanced Practice Registered Nurse	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.	1
Advanced Practice Registered Nurse	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.	7
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.;	1
Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE 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.; 06/22/2015; There has been treatment or conservative therapy.; Back and neck pain,; PT	1

Advanced Practice Registered Nurse	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for trauma or injury.; two days ago; There has not been any treatment or conservative therapy.; hx of cervical spine surgery, neck and back pain, neurological deficits, weakness, unable to grasp objects	1
Advanced Practice Registered Nurse	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 7/30/17; There has been treatment or conservative therapy.; pain, bruising; medication	1
Advanced Practice Registered Nurse	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Abnormal Xray recommended Correlation With MRI; This study is being ordered for trauma or injury.; 2012; There has been treatment or conservative therapy.; C/O pain in cervical spine that radiates down left arm-sensetive area on thoratic spine and left lumbar spine pain radiating down left hip and down; Flexeril 10mg 	
Advanced Practice Registered Nurse	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	R/O herniated disc; This study is 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.; leg weakness, back pain; OTC medication, home exercises	1

Advanced Practice Registered Nurse	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.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.	1
Advanced Practice Registered Nurse	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.	3
Advanced Practice Registered Nurse	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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
Advanced Practice Registered Nurse	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 abnormal gait.	1
Advanced Practice Registered Nurse	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	unknown weeks of PT; 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.	1

Advanced Practice Registered Nurse	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER 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.; 06/22/2015; There has been treatment or conservative therapy.; Back and neck pain,; PT	1
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		1
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; MUSCLE WEAKNESS, FALLS ON LEFT LEG ALOT, NUMBNESS OF LEGS & FEET, PAIN RADIATES DOWN LEGS, DECREASED RANGE OF MOTION.; 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

Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>&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.; BACK PAIN RIGHT HIP PAIN // RADIATES DOWN RIGHT LEG TO TOES // HAD XRAY AND MRI IN THE PAST THAT WERE ABNORMAL // PERVIOUS MRI SHOWED DISK ISSUES; &lt; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given &gt;;</p>	1
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 7/30/17; There has been treatment or conservative therapy.; pain, bruising; medication</p>	1
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Lateral flexion Limited L and R Pain with motion EXTENSION LIMITED FLEXION LIMITED Muscle wasting Positive straght leg test bilateral; 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.</p>	1

Advanced Practice Registered Nurse

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.; ; 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

Advanced Practice Registered Nurse

Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

Abnormal Xray recommended Correlation With MRI; This study is being ordered for trauma or injury.; 2012; There has been treatment or conservative therapy.; C/O pain in cervical spine that radiates down left arm-sensetive area on thoratic spine and left lumbar spine pain radiating down left hip and down; Flexeril 10mg 

Advanced Practice Registered Nurse

Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

history shows multi level disc bulge through entire lumbar spine. was evaluated by Dr Campbell(who is no longer practicing)and surgery was recommended however patient was still smoking at the time.; 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.

Advanced Practice Registered Nurse

Approval

72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST

HPI Comments: Igdalia has come in today with her chronic radicular low back pain. She has been battling through this for over one year now, unable to get a MRI through her insurance even though she has done the conservative therapies that they have requir; 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.; Neurological: Positive for tingling, weakness (weakness in the left lower extremity), numbness and paresthesias.

Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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 then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	patient complains of lumbar pain with left hip pain continued from the last 9 months that is worsening with pain that radiates to back of left thigh and calf to top of foot. Worse in evening. taking gabapentin and meloxicam for pain and Tylenol sometimes ; 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.	1
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	R/O herniated disc; This study is 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.; leg weakness, back pain; OTC medication, home exercises	1

Advanced Practice Registered Nurse	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.; The patient does have a new foot drop.	2
Advanced Practice Registered Nurse	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.; 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.	1
Advanced Practice Registered Nurse	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 completed 6 weeks of physical therapy?	3
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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 an infected disc, septic arthritis, or "discitis".	1
Advanced Practice Registered Nurse	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	36

Advanced Practice Registered Nurse	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 x-ray indicating a significant abnormality	16
Advanced Practice Registered Nurse	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 completed Treatment with a facet joint or epidural injection in the past 6 weeks	1
Advanced Practice Registered Nurse	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)	4
Advanced Practice Registered Nurse	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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?	1
Advanced Practice Registered Nurse	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.; 06/22/2015; There has been treatment or conservative therapy.; Back and neck pain,; PT < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered due to organ enlargement.; There is no 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	1
Advanced Practice Registered Nurse	Approval	72192 CT PELVIS WITHOUT CONTRAST		1

Advanced Practice Registered Nurse	Approval	72192 CT PELVIS WITHOUT CONTRAST	< 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.; 9/24/15; There has been treatment or conservative therapy.; pain to hip and pelvis; 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
Advanced Practice Registered Nurse	Approval	72192 CT PELVIS WITHOUT CONTRAST	; 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	1
Advanced Practice Registered Nurse	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.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	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 suspicion of upper extremity neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	2

Advanced Practice Registered Nurse	Approval	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.	1
Advanced Practice Registered Nurse	Approval	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 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.	1
Advanced Practice Registered Nurse	Approval	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.	1
Advanced Practice Registered Nurse	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.; 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.	1

Advanced Practice Registered Nurse	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>bilateral tennis elbow. Went to PT for 3 weeks. This made her pain worse to where she could no longer go to PT. Tried tramadol with no benefit. Has been taking ibuprofen also with no benefit. Had a steroid shot 2 months ago. Worse on the right side.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/11/2017; There has been treatment or conservative therapy.; Pain in Joint: bilateral elbow, bilateral wrist, Muscle Weakness: bilateral elbow, bilateral wrist; 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</p>	2
Advanced Practice Registered Nurse	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>HAD A NORMAL X-RAY , PAIN IS UNCONTROLLED AND SWOLLEN. PT HAS BEEN ON NSAIDS W/ NO RELIEF; 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.</p>	1
Advanced Practice Registered Nurse	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>none; 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.</p>	1

Advanced Practice Registered Nurse	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Severely limited ROM, increased pain with activity, pain localized over lateral deltoid, positive for drop arm test, unable to slowly lower arm; 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.; Anti inflammatory; The patient received medication other than joint injections(s) or oral analgesics.	1
Advanced Practice Registered Nurse	Approval	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."; < Enter answer here - or Type In Unknown If No Info Given. >	2
Advanced Practice Registered Nurse	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.; 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.	1

Advanced Practice Registered Nurse	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.; The patient has a documented limited range of motion on physical examination.; There is no documented findings of severe pain on motion.	1
Advanced Practice Registered Nurse	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.	15
Advanced Practice Registered Nurse	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.	1
Advanced Practice Registered Nurse	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.	1
Advanced Practice Registered Nurse	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study is being ordered for known/suspected joint infection.; It is not known if the patient has had a recent bone scan.; The patient has not had a recent ultrasound of the shoulder.; The results of the plain films is not known.; It is not known if there are documented findings of joint infection.; ; The patient has not had a recent CT of the shoulder.	1

Advanced Practice Registered Nurse	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is from a known mass.; 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 for shoulder pain.	1
Advanced Practice Registered Nurse	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is from a recent injury.; There is 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.	1
Advanced Practice Registered Nurse	Approval	73700 CT LEG OR LOWER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; 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

Advanced Practice Registered Nurse	Approval	73700 CT LEG OR LOWER EXTREMITY	<p>&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.; 9/24/15; There has been treatment or conservative therapy.; pain to hip and pelvis; 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</p>	2
Advanced Practice Registered Nurse	Approval	73700 CT LEG OR LOWER EXTREMITY	<p>Pt c/o L knee pain and swelling and left foot burning, car accident in April knee pain since then, difficulty ambulating with brace.; 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</p>	1
Advanced Practice Registered Nurse	Approval	73700 CT LEG OR LOWER EXTREMITY	<p>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</p>	1

Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient c/o right knee pain. He states he twisted his knee about 3 weeks ago while stepping down from a ladder. Pain is sharp and worsens with walking up or down stairs and squatting. He has tried ibu a few times without relief. He wears a compression bra; 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
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	R/O infection; 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 oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.	2
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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
Advanced Practice Registered Nurse	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	1
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Instability	1

Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Locking	2
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.; Locking; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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; It is not known if the member experience a painful popping, snapping, or giving away of the knee.	1
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.	2
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.	1

Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.	2
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	5
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	3
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	2
Advanced Practice Registered Nurse	Approval	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 not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Redness; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1

Advanced Practice Registered Nurse	Approval	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 not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Pain greater than 3 days	1
Advanced Practice Registered Nurse	Approval	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 not normal.; PATIENT HAS HISTORY OF OVARION CANCER; Suspicious Mass or Suspected Tumor/ Metastasis	1
Advanced Practice Registered Nurse	Approval	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 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	1
Advanced Practice Registered Nurse	Approval	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 not normal.; The ordering physician is not an orthopedist.; There is no supsected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Pain greater than 3 days	1
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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 supsected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; Physician directed exercise program	1

Advanced Practice Registered Nurse	Approval	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?	1
Advanced Practice Registered Nurse	Approval	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.	1
Advanced Practice Registered Nurse	Approval	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 suspected tarsal coalition.	1
Advanced Practice Registered Nurse	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 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.	1
Advanced Practice Registered Nurse	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.; There is a suspected tarsal coalition.	1

Advanced Practice Registered Nurse	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.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	1
Advanced Practice Registered Nurse	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.	1
Advanced Practice Registered Nurse	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	left hip pain; This 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.	1
Advanced Practice Registered Nurse	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 due to an old injury.; The request is for hip pain.	1
Advanced Practice Registered Nurse	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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.	2

Advanced Practice Registered Nurse

Approval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

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 steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.

1

Advanced Practice Registered Nurse

Approval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

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 not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.

1

Advanced Practice Registered Nurse

Approval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

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 been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.

1

Advanced Practice Registered Nurse

Approval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

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.

1

Advanced Practice Registered Nurse

Approval

73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT

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 had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.

1

Advanced Practice Registered Nurse	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1
Advanced Practice Registered Nurse	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< 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, 	
Advanced Practice Registered Nurse	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	checking to see if pt has Hernia; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 	
Advanced Practice Registered Nurse	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	hernia rap which as slipped, hernia is protruding because of the rap; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 	
Advanced Practice Registered Nurse	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Suspected umbilical hernia; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 	
Advanced Practice Registered Nurse	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 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

Advanced Practice Registered Nurse	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 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	2
Advanced Practice Registered Nurse	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 a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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	2

Advanced Practice Registered Nurse	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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	1
Advanced Practice Registered Nurse	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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	2
Advanced Practice Registered Nurse	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	unknown; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 	
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST		2

Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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 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	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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 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	1

Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; 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 something other than bilirubin, ketones, nitrites, hematuria/blood, glucose or protein.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	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 not performed.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Provider is ordering MRI Brain to make sure pt doesn't have brain mets that may be causing her confusion. Pt complains of RUQ pain and nausea. Provider thinks this could be gallbladder problems.; 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 physician is not a hematologist/ oncologist.	1

Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt has mass in his periumbilical regional. Prominent in the right quadrant. Taut feel. He hasn't been treated before for this. He's having pain swelling. He has chronic liver disease and hep c. He needs this asap; 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	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	pt has Parkinson's disease , g24.4.; 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
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	pt is experiencing vomiting and nausea w/abdominal pain. pt has also tried meds that have not help; This is a 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

Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	r/o possible mass or cyst; ultrasound abnormal; This is a 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
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1

Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	2
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	10
Advanced Practice Registered Nurse	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 Hematuria.; Other; Yes this is a request for a Diagnostic CT	4
Advanced Practice Registered Nurse	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 unexplained abdominal pain in patient over 75 years of age.; Other; Yes this is a request for a Diagnostic CT	1

Advanced Practice Registered Nurse	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.; 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.; This patient is having RUQ pain and tenderness.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	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; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	3
Advanced Practice Registered Nurse	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; acute pain, change in bowel habits, diverticulitis, colitis; Yes this is a request for a Diagnostic CT	1

Advanced Practice Registered Nurse	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; History of Renal stones, Fever and appetite change; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	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; issues with surgery 5/9/2012; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	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; patient has rt lower abd pain, fever, chills, elevated white count, nausea and vomiting.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	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; tenderness with palpitations & history of colon resection; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	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	1

Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	21
Advanced Practice Registered Nurse	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	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	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 new symptoms including hematuria.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	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.; It is not known if there are 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.; Suspicious Mass or Tumor; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1

Advanced Practice Registered Nurse	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	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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 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.; Trauma; Pt may have a hernia.....abdominal pain; Yes this is a request for a Diagnostic CT	1

Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Urine and blood exams performed nothing was abnormal and pregnancy test negative and pain patient ref to GI; This is a 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
Advanced Practice Registered Nurse	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Very painful and rebound in the liver area.; This is a 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
Advanced Practice Registered Nurse	Approval	74181 MRI ABDOMEN	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."; September 2014 MRI of the liver showed likely adenomatosis of the liver, was recommended to have follow up abdominal MRI in 3-6 months that patient has not had completed to date.	1

Advanced Practice Registered Nurse	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 had an abdominal ultrasound, CT, or MR study."; The Pt liver lesion follow up	1
Advanced Practice Registered Nurse	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	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). < Enter answer here - or Type In Unknown If No Info Given. >; It is not known if the patient has had a stress echocardiogram within the past eight weeks.;	1
Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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
Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Chest pain, 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's age is between 45 and 64.; 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.	1

Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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.	1
Advanced Practice Registered Nurse	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 documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; 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.	1
Advanced Practice Registered Nurse	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 documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; 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.	1

Advanced Practice Registered Nurse	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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
Advanced Practice Registered Nurse	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 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 sings or symptoms.; This is NOT a Medicare member.	1
Advanced Practice Registered Nurse	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 subsequent treatment.; This study is being requested for Ovarian or Esophageal 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.	1
Advanced Practice Registered Nurse	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.	2

Advanced Practice Registered Nurse	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.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	1
Advanced Practice Registered Nurse	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.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has abnormal heart sounds	1
Advanced Practice Registered Nurse	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 Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	1
Advanced Practice Registered Nurse	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 Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	1

Advanced Practice Registered Nurse	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 Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1
Advanced Practice Registered Nurse	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 has not quit smoking.	3
Advanced Practice Registered Nurse	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 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.	1
Advanced Practice Registered Nurse	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 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.	1

Advanced Practice Registered Nurse	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	chronic headaches; 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.	1
Advanced Practice Registered Nurse	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Headache last week, feels pressure in head number of headache 5 or 6. headaches are worsening, Headache behind the left eye most of the time.	
Advanced Practice Registered Nurse	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	memory lost; 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
Advanced Practice Registered Nurse	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Numbness around mouth and numbness back of head/scalp.; 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
Advanced Practice Registered Nurse	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt needs a CT of the Brain and CT of the Sinuses due to chronic sinusitis and headaches.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Advanced Practice Registered Nurse	Disapproval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	Radiology Services Denied Not Medically Necessary	loss of hearing for several months getting worse, feeling pressure, And facial pain , right ear sensitivity; 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.	1

Advanced Practice Registered Nurse	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	loss of hearing for several months getting worse, feeling pressure, And facial pain , right ear sensitivity; 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.	1
Advanced Practice Registered Nurse	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	neck pain; 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	1
Advanced Practice Registered Nurse	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.; The patient has a chronic or recurring headache.	1
Advanced Practice Registered Nurse	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 study is 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 months ago; There has not been any treatment or conservative therapy.; right upper and lower weakness, pressure in the back of the head, vision defects	1

Advanced Practice Registered Nurse	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	. Involuntary Movements; 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.	1
Advanced Practice Registered Nurse	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 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
Advanced Practice Registered Nurse	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 patient has dizziness.; It is unknown why this study is being ordered.	1
Advanced Practice Registered Nurse	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	48y/o female presents c/o headache on and off for the past month, she states she has had a few headaches in the past, but none like this. Reports it feels like "a lightning bolt" to the top of her head, has severe pain for a few seconds and then it resolv; 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

Advanced Practice Registered Nurse	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Family HX mini stroke, dad HX CVA, breathing heavy, eyes roll back, losses consciousness, R/O seizure or mini stroke and referred to neurology as well.; 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.	1
Advanced Practice Registered Nurse	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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
Advanced Practice Registered Nurse	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).	1
Advanced Practice Registered Nurse	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	personality change, confusion; 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
Advanced Practice Registered Nurse	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; 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.	1

Advanced Practice Registered Nurse	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; "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
Advanced Practice Registered Nurse	Disapproval	71250 CT CHEST, THORAX	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 >; 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 >; ; 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
Advanced Practice Registered Nurse	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; It is not known if there is 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	1

Advanced Practice Registered Nurse	Disapproval	71250 CT CHEST, THORAX	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
Advanced Practice Registered Nurse	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	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	1
Advanced Practice Registered Nurse	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	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 >; 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 >;	1
Advanced Practice Registered Nurse	Disapproval	71555 MRA, MRI ANGIOGRAPHY CHEST[NOT MYOCARDIUM] WITH/WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an MR Angiogram of the chest or thorax	1

Advanced Practice Registered Nurse	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	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	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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.	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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 NOT had back pain for over 4 weeks.	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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 >; 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 >;	1

Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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 been treatment or conservative therapy.; pain radiating into legs; pt	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; 8 months ago; There has not been any treatment or conservative therapy.; right upper and lower weakness, pressure in the back of the head, vision defects	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; unknown; There has been treatment or conservative therapy.; back and neck pain; pain management	1

Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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 >;	1
Advanced Practice Registered Nurse	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.;	1
Advanced Practice Registered Nurse	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.; ; 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 degenerative changes in the c-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 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
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	leg weakness, ESI did not help ,; This study is being ordered for trauma or injury.; 2010; There has been treatment or conservative therapy.; neck stiffness impaired range of motion , pain radiating to bilateral arm, burning, stinging, and throbbing, worsening, upper extremity extreme weakness and analgesics,; pain medicine, PT, ice and heat	1
Advanced Practice Registered Nurse	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has pain that radiates to upper extremities; 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
Advanced Practice Registered Nurse	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.; &Enter Additional Clinical Information&	1
Advanced Practice Registered Nurse	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; unknown; No, the patient does not have new or changing neurological signs or symptoms.	1

Advanced Practice Registered Nurse	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. >; This study is 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 >;	1
Advanced Practice Registered Nurse	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. >; This study is 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 neck pain; pain management	1
Advanced Practice Registered Nurse	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER 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.	1
Advanced Practice Registered Nurse	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; 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.; ;	1
Advanced Practice Registered Nurse	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; Pain	

Advanced Practice Registered Nurse	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	1
Advanced Practice Registered Nurse	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; 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	1
Advanced Practice Registered Nurse	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	neck pain; This study is being ordered for trauma or injury.; 2/13/2017; There has been treatment or conservative therapy.; low back pain; Pain meds 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.; pain greater than a year has been treated with steroids n nsoids no relief; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Advanced Practice Registered Nurse	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.	1

Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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.; 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.	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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.	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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 weakness.; Decreased range of motion, spasms. Tenderness.; 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

Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>&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.; There is weakness.; weakness in both legs and 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.</p>	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>&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 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.</p>	1

Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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 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.; home treatment documentation; List meds here	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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 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.	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	4

Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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 >; 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 >;	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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 been treatment or conservative therapy.; pain radiating into legs; pt	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; 06/01/2017; There has been treatment or conservative therapy.; Pt suffers with low back pain radiating into left hip and leg.; PT for 4 weeks and Physician HEP.	1

Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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 >;	1
Advanced Practice Registered Nurse	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.	1
Advanced Practice Registered Nurse	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.; ; 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
Advanced Practice Registered Nurse	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 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.;	1

Advanced Practice Registered Nurse	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 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.;	1
Advanced Practice Registered Nurse	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 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 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 not directed a home exercise program for at least 6 weeks.	1

Advanced Practice Registered Nurse	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 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.;	1
Advanced Practice Registered Nurse	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 then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1
Advanced Practice Registered Nurse	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 has acute or chronic back pain.; The patient has none of the above	1
Advanced Practice Registered Nurse	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.; ; There has been treatment or conservative therapy.;	1

Advanced Practice Registered Nurse	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.; ; ; This study is 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
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; Pain	
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; 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	2
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Abnormal Ct; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Back pain, suspected injury to the vertebrae; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Back pain. The pain is located in the lower region. The pain started several years ago. The pain is constant. The pain is gradually worsening. Has been taking OTC medications with no relief of the symptoms.	
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Chronic low back pain: Had an injury from a fall in 2006. The pain is constant. The pain has been worsening over the past 6 months. The pain radiates down the left lower leg. The pain is an 8 on a scale of 1-10 at it's worse. Reports occasional numbness o; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	continues with left hip pain to palpation over greater trochanter, limited range of motion due to pain, increases with abduction/adduction, mild tenderness to lumbar spine and mild paraspinal tenderness, minimal positive straight leg raise on right; 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

Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	leg weakness, ESI did not help ,; This study is being ordered for trauma or injury.; 2010; There has been treatment or conservative therapy.; neck stiffness impaired range of motion , pain radiating to bilateral arm, burning, stinging, and throbbing, worsening, upper extremity extreme weakness and analgesics,; pain medicine, PT, ice and heat	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	MRI being performed for suspected disc or nerve impingement, given pt has numbness in right leg, in calf area pt has pain on abduction of right leg and pain with weight bearing. Pain has increased in last 2 months.; 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 then once for these symptoms.	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	neck pain; This study is being ordered for trauma or injury.; 2/13/2017; There has been treatment or conservative therapy.; low back pain; Pain meds	1

Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Neuro surgery evaluation, x ray done ABN results, severe facet joints, DDD; 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.; Muscle relaxer and anti inflammatory	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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 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
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PAIN TRAVELLING DOWN LEG; 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.; <Document exam findings>	1

Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt complains of lower back pain radiating to right leg, Right leg to foot since wreck he had 2 months ago.; 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
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt needs MRI due to lower back pain (chronic; since 2009,bone spur and DJD were identified in the past, we x-rayed her lumbar spine in August and she has been trying muscle relaxers and NSAIDs at home since then without relief and is having radiculopathy; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The ordering physician is requesting the patient be evaluated/treated by 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 not directed conservative treatment for the past 6 weeks.	1
Advanced Practice Registered Nurse	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 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	4

Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	this is the mdo's first time seeing the patient, history of 3 herniated disc in the lumbar spine; 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.	1
Advanced Practice Registered Nurse	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Advanced Practice Registered Nurse	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.; 5 years ago; There has not been any treatment or conservative therapy.; Chronic low back pain that radiates to the legs	1
Advanced Practice Registered Nurse	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
Advanced Practice Registered Nurse	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	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."; < Enter answer here - or Type In Unknown If No Info Given. >	2

Advanced Practice Registered Nurse	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	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 pain, Pain in right arm, r/o DVT, Patient has history of DVT in 7/16 with similar s/s. Reports she was on Xarelto for 3.5 months, unable to lift right arm above shoulder level. Lifting to shoulder level patient reported severe pain,limited	1
Advanced Practice Registered Nurse	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.; It is not known if the patient has completed and failed a course of conservative treatment.; ARM NUMBNESS	1
Advanced Practice Registered Nurse	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.; It is not known if the patient has completed and failed a course of conservative treatment.; Pt has been having left shoulder pain for about a year. The pain radiates into the elbow, wrist, and hand. Related symptoms include numbness (over the fingers and weakness of the biceps). Nothing seems to alleviate the pain. Discomfort increases with	1
Advanced Practice Registered Nurse	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 not completed and failed a course of conservative treatment of at least 4 weeks.; < Enter answer here - or Type In Unknown If No Info Given. >	1

Advanced Practice Registered Nurse	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 not completed and failed a course of conservative treatment of at least 4 weeks.; male presents with an ER f/u on left sided shoulder pain. Has been present x 5 days. EKG showed normal sinus rhythm. Troponin and d-dimer negative. Shoulder xray normal. No known injury. Rotator cuff surgery 7 months ago. Recently had a joint steroid inje	1
Advanced Practice Registered Nurse	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	1
Advanced Practice Registered Nurse	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	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 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	1

Advanced Practice Registered Nurse	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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
Advanced Practice Registered Nurse	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 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.; ; The patient received oral analgesics.	1
Advanced Practice Registered Nurse	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
Advanced Practice Registered Nurse	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; 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.	2

Advanced Practice Registered Nurse	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Fell 2 weeks ago - still hurting - getting worse - hurts to bend knee; 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.	1
Advanced Practice Registered Nurse	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Left knee pain; 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.; 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.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
Advanced Practice Registered Nurse	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	r/o 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
Advanced Practice Registered Nurse	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 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	1

Advanced Practice Registered Nurse	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	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.	2
Advanced Practice Registered Nurse	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	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.	1
Advanced Practice Registered Nurse	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	unknown; 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.	1
Advanced Practice Registered Nurse	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	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 arthrscopy is not scheduled in the next 4 weeks.	1

Advanced Practice Registered Nurse	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 been treatment or conservative therapy.; BACK PAIN RIGHT HIP PAIN // RADIATES DOWN RIGHT LEG TO TOES // HAD XRAY AND MRI IN THE PAST THAT WERE ABNORMAL // PERVIOUS MRI SHOWED DISK ISSUES; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >;	1
Advanced Practice Registered Nurse	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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.; 06/01/2017; There has been treatment or conservative therapy.; Pt suffers with low back pain radiating into left hip and leg.; PT for 4 weeks and Physician HEP.	1
Advanced Practice Registered Nurse	Disapproval	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 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.;;	1

Advanced Practice Registered Nurse	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.; 5 years ago; There has not been any treatment or conservative therapy.; Chronic low back pain that radiates to the legs Abdominal pain, edema, abnormal liver function test;	1
Advanced Practice Registered Nurse	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 	
Advanced Practice Registered Nurse	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT HAS LEFT INGUINAL TENDERNESS AND SWELLING. NOT ABLE TO STAND FOR LONG PERIODS. USES ICE PACK FOR SWELLING. WEARS SNUG UNDERWARE TO EASE HELP PAIN.; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; It is not known if there is evidence of organ enlargement on ultrasound, plain film, or IVP.; Yes this is a request for a Diagnostic CT UNEPXLAINED ABDOMINAL PAIN AGGRAVATED BY WORK; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 	1
Advanced Practice Registered Nurse	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-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

Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O 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-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	1
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O 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-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	1
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O 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-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

Advanced Practice Registered Nurse	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 is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	bleeding, firmness in left mid-line of abdomen, diarrhea.; 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
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Blood in BM and pain to left flank over the last month abdominal pain in right lower quadrant for the last week, watery stool daily no HX of hemorrhoids, with a sick sweet smell; This is a 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	1

Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	none; 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 billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; 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	1
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	R/o acute abnormality or cause for abdominal pain 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	1
Advanced Practice Registered Nurse	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	She is having severe right lower quadrant pain. In need of ct exam asap.	
Advanced Practice Registered Nurse	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; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1

Advanced Practice Registered Nurse	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; ; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	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; ABNORMAL MRI; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	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; HX of Liver disease; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	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; lower abdominal pain, nausea, rule our hernia; Yes this is a request for a Diagnostic CT	1
Advanced Practice Registered Nurse	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 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	1

Advanced Practice Registered Nurse	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	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.; Elevated hepatitis function test and elevated iron level	1
Advanced Practice Registered Nurse	Disapproval	75635 CTA AA&BI ILIOFEM LXTR RS&I C- /C+ POST-PXESSING	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	1
Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Advanced Practice Registered Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	sharp pain in chest, post menopausal; 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.	1

Advanced Practice Registered Nurse	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 study is requested for known or suspected valve disorders.	1
Advanced Practice Registered Nurse	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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 Evaluation of Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; 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 a request for follow up of a known murmur.	1
Advanced Practice Registered Nurse	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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 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.; This is NOT a request for follow up of a known murmur.	1
Allergy & Immunology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST		This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1
Allergy & Immunology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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	6

Allergy & Immunology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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 Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	1
Allergy & Immunology	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 ; 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
Allergy & Immunology	Approval	71250 CT CHEST, THORAX		Chronic cough and shortness of breathe.; 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
Allergy & Immunology	Approval	71250 CT CHEST, THORAX		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	1
Allergy & Immunology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Know reversibility bronchodilator possible obstruction that could be either intrathoracic or extrathoracic; 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

Ambulatory/Walk-in Clinic	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1
Anesthesiology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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 not been any treatment or conservative therapy.; the Pt has new onset migraines, seizures, numbness from neck to elbow regions. Pt has vision changes with migraines.	1

Anesthesiology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Patient has been experiencing this pain for last several years. Stated that the pain has gradually started and progressively gotten worse. It is not being controlled with rest, activity modification and current medication(s). Describes the patter of pain ; 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).</p>	1
Anesthesiology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	<p>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.</p>	1

Anesthesiology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	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.	1
Anesthesiology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	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.	1
Anesthesiology	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 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.	1
Anesthesiology	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 4/2017; There has been treatment or conservative therapy.; Back pain; medications	1

Anesthesiology	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	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 no known condition of tumor, infection, or neurological deficits.; Yes this is a request for a Diagnostic CT	1
Anesthesiology	Approval	72131 CT LUMBAR SPINE, LOW BACK		1
Anesthesiology	Approval	72131 CT LUMBAR SPINE, LOW BACK	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 4/2017; There has been treatment or conservative therapy.; Back pain; medications	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 a preoperative or recent post-operative evaluation.; Yes this is a request for a Diagnostic CT	2
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	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 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
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	7
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		8
			< 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.; 5/4/2017; There has been treatment or conservative therapy.; Patient has lower back, leg and neck pain, tingling down arms and legs. pain level most of the time is 7-9. Worse in the morning till he walks it out. Feels like stabbing.; Had injection on the cervical spine done. Tried PT, did not help, did heat and cold therapy at home, heat helped but not the cold.	
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1

Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< 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.; several years; There has been treatment or conservative therapy.; pain in neck back hip; medications	
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE 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	1
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.; ; 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

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.; 2012; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; 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	1
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.; 2014; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; 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
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE 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, 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

Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	evaluate 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.; March 2017; There has been treatment or conservative therapy.; decreased strength in bilateral extremities, pain in bilateral feet; 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	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Failure to improve with 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.; 1999; There has been treatment or conservative therapy.; neck and back pain with radiating pain into right leg and both arms accompanied by numbness and tingling. Characterized by: burning, shooting, sharp, stabbing, aching pain; anti inflammatories, physical therapy, 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	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	MRI and cervical lumbar spine is being requested to further evaluate the patient's persistent pain and symptoms.	

Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Neurological defecits; This study is 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 and tingling; 6 weeks of PT, and medications	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	New onset cervical 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.; 4/5 on RUE; 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
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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 not been any treatment or conservative therapy.; the Pt has new onset migraines, seizures, numbness from neck to elbow regions. Pt has vision changes with migraines.	1

Anesthesiology	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.; It is not known if this patient had a recent course of supervised physical Therapy.	7
Anesthesiology	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.	3
Anesthesiology	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.	1

Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; Yes, the patient had six weeks of Chiropractic care related to this episode.	1
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Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient is reporting worsening right upper extremity radicular pain over the last 4 months associated with dropping items and significant pain. Possible Nerve injury need to rule out infection or bleeding.; 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 reporting worsening right upper extremity radicular pain over the last 4 months associated with dropping items and significant pain. Possible Nerve injury need to rule out infection or bleeding.; 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
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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; 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?	4
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.; 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.	1
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 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?	9
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; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	10

Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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 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
Anesthesiology	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.	1
Anesthesiology	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.	5
Anesthesiology	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.	19

Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE 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.; unknown; There has been treatment or conservative therapy.; neck/back pain; numbness and tingling; pt for 6 wks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for trauma or injury.; 1995; There has been treatment or conservative therapy.; Primary Complaint-Low back pain that radiates to both legs--worse on the right.; meds, physical therapy, 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
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for trauma or injury.; 2012; There has been treatment or conservative therapy.; night sweats, fatigue, sinusitis, shortness of breath, joint pain, neck pain, back pain, chest pain.; meds, injections, physical therapy	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	UNKNOWN; This study is being ordered for trauma or injury.; 2014; There has been treatment or conservative therapy.; BACK/NECK PAIN; MEDS	1

Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for trauma or injury.; back pain all of life, neck pain 4-5 years ago; There has been treatment or conservative therapy.; neck and back pain; meds, injections.	1
Anesthesiology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	UNKNOWN; This study is being ordered for trauma or injury.; UNKNOWN; There has been treatment or conservative therapy.; BACK PAIN, JOINT PAIN, NECK PAIN, MUSCLE SPASMS.; MEDS	1
Anesthesiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		2
Anesthesiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< 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.; several years; There has been treatment or conservative therapy.; pain in neck back hip; medications	
Anesthesiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER 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.; 2014; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; 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

Anesthesiology	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.	1
Anesthesiology	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.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Anesthesiology	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.; The patient is experiencing or presenting symptoms of abnormal gait.	4
Anesthesiology	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.	3
Anesthesiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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

Anesthesiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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?	2
Anesthesiology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	unknown; This study is being ordered for trauma or injury.; 2012; There has been treatment or conservative therapy.; back pain, neck pain, muscle spasms.; meds	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		13
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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 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.; <Document exam findings>	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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.	1

Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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.; 5/4/2017; There has been treatment or conservative therapy.; Patient has lower back, leg and neck pain, tingling down arms and legs. pain level most of the time is 7-9. Worse in the morning till he walks it out. Feels like stabbing.; Had injection on the cervical spine done. Tried PT, did not help, did heat and cold therapy at home, heat helped but not the cold. < 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.; several years; There has been treatment or conservative therapy.; pain in neck back hip; medications	1
Anesthesiology	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 not directed conservative treatment for the past 6 weeks.	1

Anesthesiology	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	2
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar 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.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Anesthesiology	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	1
Anesthesiology	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.; ; 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

Anesthesiology	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.; 2012; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; 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	1
Anesthesiology	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.; 2014; There has been treatment or conservative therapy.; PAIN IN NECK AND BACK; 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
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW 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, 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

Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>evaluate 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.; March 2017; There has been treatment or conservative therapy.; decreased strength in bilateral extremities, pain in bilateral feet; 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</p>	1
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Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Failure to improve with 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.; 1999; There has been treatment or conservative therapy.; neck and back pain with radiating pain into right leg and both arms accompanied by numbness and tingling. Characterized by: burning, shooting, sharp, stabbing, aching pain; anti inflammatories, physical therapy, 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</p>	1
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Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	left side pain with numbness and tingling, weakness in SI bilateral joint; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	MRI and cervical lumbar spine is being requested to further evaluate the patient?s persistent pain and symptoms.	
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	MRI lumbar spine is being requested to further evaluate the patient?s persistent pain and symptoms. Findings	
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Neurological defecits; This study is 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 and tingling; 6 weeks of PT, and medications	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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 bilateral LE; 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.	1

Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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 rt. LE; 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
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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 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
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; RIGHT 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.	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pain radiates through both legs and feet; 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.	1

Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	pt had six weeks of conservative treatment 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.	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt is doing PT but not working, started June 16th; 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.	1
Anesthesiology	Approval	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 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?	28
Anesthesiology	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.; The patient does have a new foot drop.	1

Anesthesiology	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.; 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.	2
Anesthesiology	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 completed 6 weeks of physical therapy?	23
Anesthesiology	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 an Epidural.	1

Anesthesiology	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.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Anesthesiology	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	105
Anesthesiology	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	1
Anesthesiology	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 x-ray indicating a significant abnormality	2
Anesthesiology	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 completed Treatment with a facet joint or epidural injection in the past 6 weeks	6
Anesthesiology	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)	10
Anesthesiology	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	1

Anesthesiology	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.; unknown; There has been treatment or conservative therapy.; neck/back pain; numbness and tingling; pt for 6 wks; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; This study is being ordered for trauma or injury.; 1978; There has been treatment or conservative therapy.; low back, buttocks; meds, injections	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; This study is being ordered for trauma or injury.; 1995; There has been treatment or conservative therapy.; Primary Complaint-Low back pain that radiates to both legs--worse on the right.; meds, physical therapy, 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
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; This study is being ordered for trauma or injury.; 2010; There has been treatment or conservative therapy.; Joint pain: admits. Muscle spasm: admits. Back Pain: admits.; meds	1

Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; This study is being ordered for trauma or injury.; 2012; There has been treatment or conservative therapy.; night sweats, fatigue, sinusitus, shortness of breath, joint pain, neck pain, back pain, chest pain.; meds, injections, physical therapy	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	UNKNOWN; This study is being ordered for trauma or injury.; 2014; There has been treatment or conservative therapy.; BACK/NECK PAIN; MEDS	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; This study is being ordered for trauma or injury.; back pain all of life, neck pain 4-5 years ago; There has been treatment or conservative therapy.; neck and back pain; meds, injections.	1
Anesthesiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	UNKNOWN; This study is being ordered for trauma or injury.; UNKNOWN; There has been treatment or conservative therapy.; BACK PAIN, JOINT PAIN, NECK PAIN, MUSCLE SPASMS.; MEDS	1
Anesthesiology	Approval	72192 CT PELVIS WITHOUT CONTRAST	unknown; This study is being ordered for trauma or injury.; 1978; There has been treatment or conservative therapy.; low back, buttocks; meds, injections	1
Anesthesiology	Approval	72196 MRI PELVIS	hip pain	
Anesthesiology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1
Anesthesiology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	1
Anesthesiology	Approval	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.	1

Anesthesiology	Approval	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 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.	1
Anesthesiology	Approval	73221 MRI JOINT OF UPPER EXTREMITY		2
Anesthesiology	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.	1
Anesthesiology	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 completed 6 weeks of physical therapy?	1

Anesthesiology	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 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
Anesthesiology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	unknown; This study is being ordered for trauma or injury.; 2007; There has been treatment or conservative therapy.; hip and shoulder pain; MEDS	1
Anesthesiology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		2
Anesthesiology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Anesthesiology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1

Anesthesiology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Anesthesiology	Approval	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?	3
Anesthesiology	Approval	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 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.	1
Anesthesiology	Approval	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 suspected tarsal coalition.	1
Anesthesiology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	unknown; This study is being ordered for trauma or injury.; 2012; There has been treatment or conservative therapy.; night sweats, fatigue, sinusitis, shortness of breath, joint pain, neck pain, back pain, chest pain.; meds, injections, physical therapy	2
Anesthesiology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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.	1

Anesthesiology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		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 receiving long-term steriod therapy (Prednisone or Cortisone).	1
Anesthesiology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		unknown; This study is being ordered for trauma or injury.; 2007; There has been treatment or conservative therapy.; hip and shoulder pain; MEDS	1
Anesthesiology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	patient c/o of severe increased pain in the jaw, ordering CT to rule out suspected trigeminal neuralgia; 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 can not have MRI due to Spinal Cord Stimulator Incompatibility; This study is being ordered for trauma or injury.; 05/28/2017; There has been treatment or conservative therapy.; s/p fall, back pain, radiculopathy; ER, Spinal Cord Stimulator	1
Anesthesiology	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary		1
Anesthesiology	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	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	1

Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>&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.; 2004; 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</p>	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; 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 or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.</p>	1

Anesthesiology	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 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
Anesthesiology	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.; ; There has been treatment or conservative therapy.; ;	1
Anesthesiology	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.; Over 2 years; There has been treatment or conservative therapy.; onset of pain gradual . Stated that the pain has progressively gotten worse, not being controlled with rest, activity modification and medication(s). The patient describes the pattern of pain as constant with intermittent flare ups. She describes the qual; Professional caregivers seen in the past include family physician, physical therapist and Neurosurgeons. The following tests have been done in the past: MRI scan or CT scan . She has tried NSAIDs- ibuprofen, aleve, tylenol. Flexeril/Cyclobenzaprine and Hy	1

Anesthesiology	Disapproval	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.; 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.; &Enter Additional Clinical Information&	1
Anesthesiology	Disapproval	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; 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.; &Enter Additional Clinical Information&	1
Anesthesiology	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; 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

Anesthesiology	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 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.	1
Anesthesiology	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 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.	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT 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.	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE 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.; 2005; There has been treatment or conservative therapy.; low back and hip pain - Aching, Numb, Sharp, Throbbing; Meds,	1
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	UNKNOWN; This study is being ordered for trauma or injury.; UNKNOWN; There has been treatment or conservative therapy.; JOINT PAIN, BACK PAIN, NECK PAIN, MUSCLE SPASMS.; MEDS	1

Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; Leg pain, Low back pain, Neck 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
Anesthesiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT 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.	1
Anesthesiology	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. >; This study is 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; There has been treatment or conservative therapy.; CHRONIC 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

Anesthesiology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.;	1
Anesthesiology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; There is a known condition of tumor.; The study is being ordered due to pre-operative evaluation.; Staging	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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 weakness.; lower 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.	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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 weakness.; RIGHT 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.	1

Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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 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.;	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; 06/01/2017; There has been treatment or conservative therapy.; CHRONIC 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
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; 2004; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < 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	1

Anesthesiology	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.; 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 not directed a home exercise program for at least 6 weeks.; Tylenol-Codeine #3 300 mg-30 mg tablet 1 Tablet Twice A Day PRN for 30 Days , Prescribe 60 Tablet	1
Anesthesiology	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.; 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.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1

Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Neurological deficits; 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.	1
Anesthesiology	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 has acute or chronic back pain.; The patient has none of the above	1
Anesthesiology	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.; ;	1

Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; This study is 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 2 years; There has been treatment or conservative therapy.; onset of pain gradual . Stated that the pain has progressively gotten worse, not being controlled with rest, activity modification and medication(s). The patient describes the pattern of pain as constant with intermittent flare ups. She describes the qual; Professional caregivers seen in the past include family physician, physical therapist and Neurosurgeons. The following tests have been done in the past: MRI scan or CT scan . She has tried NSAIDs- ibuprofen, aleve, tylenol. Flexeril/Cyclobenzaprine and Hy</p>	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Member has failed 12 weeks of PT with Nsaid's. 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 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.</p>	1

Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient complains of lower back pain, left shoulder pain, right shoulder pain, left knee pain, right knee pain, left ankle pain and right ankle pain. It was noted 40 years ago, was sudden in onset, occurs constantly, lasts for 3 hours, has been progress; This study is being ordered for trauma or injury.; 1977; There has been treatment or conservative therapy.; WEAKNESS, CRAMPING, SHARP, STABBING PAIN; SURGERY
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Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient complains of pain at low back. She describes the quality of pain as aching, deep, numbness, pins and needle and sharp. Pain radiates to bilateral lower extremity. She reports severity of pain on numerical reporting scale, at its worse is 10/10; 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.; Worsening factor(s) include: any increased physical activity, bending, cold and rainy weather, getting up from a sitting or lying position, lifting, lying flat on back, standing and walking Alleviating factors include medications. Other associated symptom; 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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Anesthesiology

Disapproval

72148 MRI LUMBAR
SPINE OR LOW BACK
WITHOUT CONTRAST

Radiology Services
Denied Not
Medically Necessary

The patient complains of pain at lower back and hips and legs. The patient has been experiencing this pain for several months. He reports onset of pain gradual. Reports frequency of his pain as constant with intermittent flare ups. He describes the quality; 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.; Worsening factor(s) include: any increased physical activity, bending, coughing, cold and rainy weather, house chores, lifting, lying flat on back, sitting and standing Alleviating factors include changing position, massage, medications and Sometimes noth; 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	<p>The patient complains of pain at lower back and Neck. He describes the quality of pain as aching, numbness and sharp. Pain radiates to bilateral upper extremities and bilateral lower extremity. The patient reports numbness, weakness and trouble with memory; 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.; Worsening factor(s) include: any increased physical activity, bending, getting up from a sitting or lying position, lifting, looking up, lying flat on back, sitting and standing Alleviating factors include rest. Other associated symptoms/problems include ; 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.</p>	1
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>The patient complains of pain in the LOWER BACK, LEFT ABD. Midline and bilateral paramidline lumbosacral pain and Right posterior thigh and leg; 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 loss of strength.; 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.</p>	1

Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has an ongoing non-radicular lower back pain. Pain has failed to respond to rest, activity modification, NSAIDs therapy, physical therapy, and current prescription medications, which include both opioid and non-opioids. The patient complains o; 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	1
Anesthesiology	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.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	2
Anesthesiology	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 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
Anesthesiology	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 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	5
Anesthesiology	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 has acute or chronic back pain.; The patient has Neurological deficit(s)	1

Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT 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.	1
Anesthesiology	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.; 2005; There has been treatment or conservative therapy.; low back and hip pain - Aching, Numb, Sharp, Throbbing; Meds, unknown; This study is being ordered for trauma or injury.; 2012; There has been treatment or conservative therapy.; back pain, neck pain, muscle spasms.; meds	1
Anesthesiology	Disapproval	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.; UNKNOWN; There has been treatment or conservative therapy.; JOINT PAIN, BACK PAIN, NECK PAIN, MUSCLE SPASMS.; MEDS	1
Anesthesiology	Disapproval	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.; unknown; There has been treatment or conservative therapy.; Leg pain, Low back pain, Neck 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
Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT 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.	1

Anesthesiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.; the Pt has weakness on 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.	1
Anesthesiology	Disapproval	72192 CT PELVIS 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.; 2015; There has been treatment or conservative therapy.; PAIN IN THE PELVIS AND KNEES; 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 can not have MRI due to Spinal Cord Stimulator Incompatibility; This study is being ordered for trauma or injury.; 05/28/2017; There has been treatment or conservative therapy.; s/p fall, back pain,	1
Anesthesiology	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	radiculopathy; ER, Spinal Cord Stimulator	1

Anesthesiology	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Ms. Berry, Dana presents for evaluation and management of her pain condition. Ms. Berry states her pain has increased since her last visit. She states the pain will start in her hips and radiate down her legs to her feet. States in the mornings while brus; 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 tail bone pain or injury.	1
Anesthesiology	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	unknown; 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.	1
Anesthesiology	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	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.; 2004; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < 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	2

Anesthesiology	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Patient complains of lower back pain, left shoulder pain, right shoulder pain, left knee pain, right knee pain, left ankle pain and right ankle pain. It was noted 40 years ago, was sudden in onset, occurs constantly, lasts for 3 hours, has been progress; This study is being ordered for trauma or injury.; 1977; There has been treatment or conservative therapy.; WEAKNESS, CRAMPING, SHARP, STABBING PAIN; SURGERY	
Anesthesiology	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?	1
Anesthesiology	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 2010; There has been treatment or conservative therapy.; Joint pain: admits. Muscle spasm: admits. Back Pain: admits.; meds	1
Anesthesiology	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; unknown; There has not been any treatment or conservative therapy.; right/left shoulder pain	2

Anesthesiology	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.; unknown; There has been treatment or conservative therapy.; bilateral knee pain; xrays and otc 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	2
Anesthesiology	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.; 2015; There has been treatment or conservative therapy.; PAIN IN THE PELVIS AND KNEES; 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	2

Anesthesiology	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.; 08/23/2017; There has not been any treatment or conservative therapy.; The Pt has pain in bilateral knees, pinching, numbness . Pt has lumbar aching. POt. has 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	2
Anesthesiology	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient complains of lower back pain, left shoulder pain, right shoulder pain, left knee pain, right knee pain, left ankle pain and right ankle pain. It was noted 40 years ago, was sudden in onset, occurs constantly, lasts for 3 hours, has been progress; This study is being ordered for trauma or injury.; 1977; There has been treatment or conservative therapy.; WEAKNESS, CRAMPING, SHARP, STABBING PAIN; SURGERY	
Anesthesiology	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 described as chronic; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1

Anesthesiology	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 an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1
Anesthesiology	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	unknown; 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	1
Audiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; 7/1/2017; There has been treatment or conservative therapy.; PAIN; REHAB	1
Audiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; 11/7/16; There has been treatment or conservative therapy.; mbr has pain - stabbing sharp and radiating; mbr has had medication and home exercise hot and cold pack; physical therapy	1

Audiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; 11/7/2016; There has been treatment or conservative therapy.; mbr has pain - stabbing sharp and radiating; mbr has had medication and home exercise hot and cold pack	1
Audiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; 7/1/2017; There has been treatment or conservative therapy.; PAIN; REHAB	1
Audiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; 11/7/16; There has been treatment or conservative therapy.; mbr has pain - stabbing sharp and radiating; mbr has had medication and home exercise hot and cold pack; physical therapy	1

Audiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; 11/7/2016; There has been treatment or conservative therapy.; mbr has pain - stabbing sharp and radiating; mbr has had medication and home exercise hot and cold pack	1
Cardiac Surgery	Approval	70450 CT BRAIN, HEAD 70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST		< metastatic brain cancer . >; 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	1
Cardiac Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST		Yes, this is a request for CT Angiography of the brain.	1
Cardiac Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST		Follow up to previous surgery.; This study is being ordered for Vascular Disease.; 3/2017; There has been treatment or conservative therapy.; Follow up to previous studies, follow up after surgery.; Surgery for aneurysm in 6/6/2017	1

Cardiac Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	TO EVALUATE CAROTID BLOCKAGE FOR OPEN HEART SURGERY; This study is being ordered for a neurological disorder.; 7/31/2017; There has not been any treatment or conservative therapy.; SYNCOPY, 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	1
Cardiac Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the Neck. "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	6
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "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
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	< 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	2

Cardiac Surgery	Approval	71250 CT CHEST, THORAX	< 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.; 8/31/2017; It is not known if there has been any treatment or conservative therapy.; hemorrhage; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	17mm upper lobe pulmonary nodule; 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 A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1
Cardiac Surgery	Approval	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	3
Cardiac Surgery	Approval	71250 CT CHEST, THORAX		5

Cardiac Surgery	Approval	71250 CT CHEST, THORAX	<p>Patient had abnormal CT Chest 3 months ago. Redoing test at this time.; 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</p>	1
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	<p>patient has known ascending thoracic aneurysm; 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</p>	1
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	<p>The ordering physician a Surgeon, Pulmonologist, or Cardiologist.; 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</p> <p>The patient had a recent chest Ct that revealed a mass and this is being ordered 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</p>	2
Cardiac Surgery	Approval	71250 CT CHEST, THORAX	<p>The ordering physician a Surgeon, Pulmonologist, or Cardiologist.; 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</p> <p>The patient had a recent chest Ct that revealed a mass and this is being ordered 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</p>	1

Cardiac Surgery	Approval	71250 CT CHEST, THORAX	The request is for a chest, thoracic or sterno-clavicular joint CT.; "There is not a nodule,coin lesion or other lung mass.cxct"; This examination is being ordered for persistent lung infiltrate or pneumonia.; Yes this is a request for a Diagnostic CT	1
Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 4/7/17; There has been treatment or conservative therapy.; atypical chest pain; surgery	1
Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	; This study is being ordered for Vascular Disease.; see notes and attached report; It is not known if there has been any treatment or conservative therapy.;	1
Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	; 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.	2
Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	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 another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1

Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	Follow up to previous surgery.; This study is being ordered for Vascular Disease.; 3/2017; There has been treatment or conservative therapy.; Follow up to previous studies, follow up after surgery.; Surgery for aneurysm in 6/6/2017	1
Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	Pt with new onset unstable angina and occlusion of all bypass grafts from CABG in 2006. Adhesions are suspected by other imaging which needs to be deleniated before patients chest is reopened with redo sternotomy to avoid injury to heart if it is stuck to; 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 surgey is scheduled/planned.; A catheter angiogram has been performed within the last month.; Yes, this is a request for a Chest CT Angiography.	1
Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	5
Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	TO EVALUATE CAROTID BLOCKAGE FOR OPEN HEART SURGERY; This study is being ordered for a neurological disorder.; 7/31/2017; There has not been any treatment or conservative therapy.; SYNCOPY, 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	1

Cardiac Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	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.	1
Cardiac Surgery	Approval	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 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.	1
Cardiac Surgery	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.; It is not known if there are 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.; It is not known if there is 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.; Yes this is a request for a Diagnostic CT	1

Cardiac Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON TRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 4/7/17; There has been treatment or conservative therapy.; atypical chest pain; surgery	1
Cardiac Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON TRAST	This is a request for CT Angiography of the Abdomen and Pelvis.	5
Cardiac Surgery	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCON TRAST	; This study is being ordered for Vascular Disease.; see notes and attached report; It is not known if there has been any treatment or conservative therapy.;	1
Cardiac Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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.; 8/31/2017; It is not known if there has been any treatment or conservative therapy.; hemorrhage; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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

Cardiac Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1
Cardiac Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1
Cardiac Surgery	Approval	75557 Cardiac MRI Morph & structure w/o contrast	This is a request for a heart or cardiac MRI	5
Cardiac Surgery	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.	5
Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		1

Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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.	1
Cardiac Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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 congestive heart failure.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiac Surgery	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 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.	1

Cardiac Surgery	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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
Cardiac Surgery	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.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	1
Cardiac Surgery	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 Evaluation of Cardiac Mass.; This is for the initial evaluation of a cardiac mass.	1

Cardiac Surgery	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 Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1
Cardiac Surgery	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 Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	1
Cardiac Surgery	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS		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.	1
Cardiac Surgery	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS		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.	4
Cardiac Surgery	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	open heart surgery back in 3/2017; 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

Cardiac Surgery	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	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.; follow up after surgery	1
Cardiac Surgery	Disapproval	71555 MRA, MRI ANGIOGRAPHY CHEST[NOT MYOCARDIUM] WITH/WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	POSSIBLE 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 physician is not a hematologist/ oncologist.	1
Cardiac Surgery	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON TRAST	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.; follow up after surgery	1
Cardiac Surgery	Disapproval	75557 Cardiac MRI Morph & structure w/o contrast	Radiology Services Denied Not Medically Necessary	POSSIBLE 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 physician is not a hematologist/ oncologist.	1

Cardiac Surgery	Disapproval	75635 CTA AA&BI ILIOFEM LXTR RS&I C- /C+ POST-PXESSING	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; 07/28/2015; There has not been any treatment or conservative therapy.; AAA	1
Cardiac Surgery	Disapproval	75635 CTA AA&BI ILIOFEM LXTR RS&I C- /C+ POST-PXESSING	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	1
Cardiac Surgery	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 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
Cardiac Surgery	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; 07/28/2015; There has not been any treatment or conservative therapy.; AAA	1
Cardiac Surgery	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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.	1
Cardiology	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; 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 new onset of seizures or newly identified change in seizure activity or pattern.	1

Cardiology	Approval	70450 CT BRAIN, HEAD	Mr. English is here for routine follow up visit. He is s/p AS s/p AoVR. His surgery was complicated and resulted in sternotomy. He required CPR for resuscitation and spent a couple of days on the temporary pacemaker. He did not require permanent pacemaker; 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 Vertigo; It is unknown why an MRI is not being considered	1
Cardiology	Approval	70450 CT BRAIN, HEAD	off balanced, fatigue, dizziness; 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.	1
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.	3
Cardiology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	; This study is 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.;	1

Cardiology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	; This study is being ordered for Vascular Disease.; 7/2017; There has not been any treatment or conservative therapy.; Mr. Norton comes back in for followup. He is a 52-year-old gentleman with coronary artery disease with CABG. He continues to smoke. He also has hyperlipidemia. Denies any exertional dyspnea, angina, orthopnea, PND, palpitations, diaphoresis, nausea or vom; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 08/28/17; There has not been any treatment or conservative therapy.; carotid stenosis, arm pain, left sided stabbing chest pain, jaw numbness, syncope, 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
Cardiology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	; This study is 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.;	1

Cardiology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	; This study is being ordered for Vascular Disease.; 7/2017; There has not been any treatment or conservative therapy.; Mr. Norton comes back in for followup. He is a 52-year-old gentleman with coronary artery disease with CABG. He continues to smoke. He also has hyperlipidemia. Denies any exertional dyspnea, angina, orthopnea, PND, palpitations, diaphoresis, nausea or vom; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	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.; 05/17/2017; There has been treatment or conservative therapy.; Aching pains in his chest with exertion that eases at rest, non radiating SOB on minimal exertion, occasional dizziness and light headiness; Walking treadmill couldn't complete, carotid Doppler elevated flow velocity	1
Cardiology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the Neck.	18

Cardiology	Approval	70547 Mr angiography neck w/o dye	Evaluate carotid disease; This is a request for a Neck MR Angiography.; The patient has NOT had an onset of neurologic symptoms within the last two weeks.; The patient has NOT been diagnosed with Coarctation of the aorta, Marfan's syndrome, Neurofibromatosis, or Moya-moya disease.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient had carotid (neck) artery surgery.; This is NOT the first imaging after surgery.	1
Cardiology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
Cardiology	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; 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

Cardiology	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 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).	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.; The patient has dizziness.; It is unknown why this study is being ordered.	1
Cardiology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	1
Cardiology	Approval	71250 CT CHEST, THORAX		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	3
Cardiology	Approval	71250 CT CHEST, THORAX	"The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; 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

Cardiology	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	2
Cardiology	Approval	71250 CT CHEST, THORAX	< 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.; 09/11/2017; There has not been any treatment or conservative therapy.; morphine syndrome; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.	1
Cardiology	Approval	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	1
Cardiology	Approval	71250 CT CHEST, THORAX	ascending aortic aneurysm	7

Cardiology	Approval	71250 CT CHEST, THORAX	With regards to his aneurysm or at least his aortic dilatation the ascending aorta was 4.4 and that was in October. I am going to obtain another CTA of his chest in October to make sure that it is stable. Patient is going out of town in Oct. and we are re; 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	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST		1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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 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

Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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 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. ; This study is 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.;	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	; 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
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST		5

Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	; 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 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.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	; 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 or Suspected Congenital Abnormality.; The abnormality is of a cardiac nature.; There is no known or suspected coarctation of the aorta.; There is no other type of arch anomaly.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	; 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.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	; 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.	1

Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	4.6 cm 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 not scheduled/ planned.; Yes, this is a request for a Chest CT Angiography. Abnormal Echo with substernal chest 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 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.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	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 or Suspected Congenital Abnormality.; The abnormality is of a cardiac nature.; There is no known or suspected coarctation of the aorta.; There is no other type of arch anomaly.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	aortic root dilation formerly 4.7cm, echo on 8/8/17 increase aortic root 4.8 cm and ascending aneurysm with chest 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.	1

Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	CHEST PAIN ,SOB, 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 new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	chest pain and shortness of breath.; 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. Dilated aortic; 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 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.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	Dilated aortic; 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 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.	1

Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	follow up for chest pain dyspne palpitations family history of CAD Patient reports for approximately the past one months she has been having episodes of feeling waterlogged in her chest also described as a heavinesspresent most all of the day no radiatio; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; 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.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	I had the pleasure of seeing Mr. Ferren in consultation for Atrial Fibrillation. As you know he is a pleasant 58 yr old male with a history of	
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	IMPRESSION;	
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	Looking at right subclavian and surrounding circulation. Pt c/o of right arm pain, discoloration, and cold to touch. Heart cath from 2013 showed totally occluded right subclavian just past the origin of the right internal mammary artery with what appears; 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

Cardiology

Approval

71275 CT
ANGIOGRAPHY CHEST
W/CONTRAST/NONCON
TRAST

Ms. Goza returns today feeling well without CV complaints. He is tolerating his meds without difficulty and his breathing stable is stable with his underlying COPD. ROS is ow negative.; 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 post-operative evaluation.; There is physical evidence of re-bleed or re-stenosis.; Yes, this is a request for a Chest CT Angiography.

1

Cardiology

Approval

71275 CT
ANGIOGRAPHY CHEST
W/CONTRAST/NONCON
TRAST

Ms. Rauhofer is a 61y/o female patient who is here for hospital follow up. She had an EPS performed on 07/2017 without ablation. It was noted that the patient had Atrial tachycardia and atrial fibrillation. The patient was started on Sotalol. She only tak; 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 no signs or symptoms indicative of vascular insufficiency to the neck or arms.; There are no signs or symptoms indicative of Superior Vena Cava syndrome.; Yes, this is a request for a Chest CT Angiography.

1

Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	patient has history of TAA and has been having severe back pain, dissection must be ruled out; 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
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	Pt suffers from prior aortic dissection.; 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.	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	Pulmonary vein mapping prior to a pulmonary vein ablation.; 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

Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	R/O dissection; This study is 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.; chest pain, 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	1
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	Referring Provider: Dr. Forney	
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	35
Cardiology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	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 another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1
Cardiology	Approval	71555 MRA, MRI ANGIOGRAPHY CHEST[NOT MYOCARDIUM] WITH/WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for an MR Angiogram of the chest or thorax	1

Cardiology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	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
Cardiology	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.; Yes this is a request for a Diagnostic CT	1
Cardiology	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.	1
Cardiology	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.	1
Cardiology	Approval	73206 CT ANGIOGRAPHY UPPER EXTREMITY	Yes, this is a request for CT Angiography of the upper extremity.	3

Cardiology	Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	PT HAD ABNORMAL ABI THAT SHOWED ARTERIAL DISEASE; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; Describe primary symptoms SEVERE LEG PAIN IN BOTH LEGS; EDUCATION TO QUIT SMOKING	1
Cardiology	Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Yes, this is a request for CT Angiography of the lower extremity.	1
Cardiology	Approval	73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST	Mr. Michael Wills is a 54-year-old gentleman who had been diagnosed with a deep venous thrombosis in April. Subsequently, he was put on Xarelto in May. Exam was repeated in July. The clot was unchanged including the femoral vein and the popliteal vein con; Is this a request for one of the following? MR Angiogram lower extremity	1
Cardiology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	IMPRESSION:	
Cardiology	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 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	2
Cardiology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON TRAST	< 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.; july 2017; There has been treatment or conservative therapy.; short of breath on exertion , profound edema; life vest	1

Cardiology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON TRAST	; This study is 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.;	1
Cardiology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON TRAST	This is a request for CT Angiography of the Abdomen and Pelvis.	12
Cardiology	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCON TRAST		1
Cardiology	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the abdomen.	10
Cardiology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

Cardiology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>&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.; 09/11/2017; There has not been any treatment or conservative therapy.; morphine syndrome; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Cardiology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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</p>	1
Cardiology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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; Reason for Appointment &#x0D; 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</p>	2
Cardiology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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; Reason for Appointment &#x0D; 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</p>	2

Cardiology	Approval	75557 Cardiac MRI Morph & structure w/o contrast		1
Cardiology	Approval	75557 Cardiac MRI Morph & structure w/o contrast	This is a request for a heart or cardiac MRI	11
Cardiology	Approval	75557 Cardiac MRI Morph & structure w/o contrast	UNKNOWN.; This study is being ordered for Congenital Anomaly.; UNKNOWN; There has been treatment or conservative therapy.; UNKNOWN; PATIENT HAS HAD ECHOCARDIOGRAMS IN THE PAST	1
Cardiology Cardiology	Approval Approval	75557 Cardiac MRI Morph & structure w/o contrast 75572 CT Heart	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.; 06/12/14; There has been treatment or conservative therapy.; HYPERTENSION This is a request for a Heart CT.	11
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	< Enter answer here - or Type In Unknown If No Info Given. >; 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.	1

Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	< Enter answer here - or Type In Unknown If No Info Given. >; 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 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.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	< 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.; july 2017; There has been treatment or conservative therapy.; short of breath on exertion , profound edema; life vest	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	a month ago she was very upset because her stepfather died. had chest pressure that started a few days after the death. felt like pressure that lasted until she got to hospital & went away on its own. cardiac enzymes negative. LFTs abnormal - reports hist; 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.	1

Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	angina pectoris, shortness of breath, dyspnea, lower extremity edema, dizziness, left heart failure, arteriosclerosis of extremity with rest pain, equivocal stress echo, family history of coronary artery disease, current tobacco use, former drug use; 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 requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	angina, shortness of breath, dyspnea on exertion, equivocal stress echo, family hx premature CAD, obese, borderline diabetic.; 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.	1

Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	Positive Treadmill stress test with a Patient had 1.3 mm upslope ST segment depression.; 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 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.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	post op; 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 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.	1

Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	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.; IMPRESSION:
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Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	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.; patient also has a positive family history of CAD She has a sedentary lifestyle with fatigue and is obese; Yes, there is Chronic Chest Pain.
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Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	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.	2
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	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.; abn ekg;; Yes, there is Chronic Chest Pain.	1

Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	<p>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.; Additional Clinical Info52 years old gentleman who was referred because of chest pain by Dr Schmitz.&#x0D;</p>
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Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	<p>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.; Chest Pain and SOB.; Yes, there is Chronic Chest Pain.</p>
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Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	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.; CHEST PAIN AND SOB; Yes, there is Chronic Chest Pain.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	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.; CHEST PAIN; Yes, there is Chronic Chest Pain.	1

Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	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.; chest pains and shortness of breath; Yes, there is Chronic Chest Pain.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	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 complaint of chest pain on exertion. Patient has hypertension currently uncontrolled. Patient had a Stress test and complained of chest pressure/ pain on exertion.; Yes, there is Chronic Chest Pain.	1

Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	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.; Stress Echo: 
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Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	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.; The pt is experiencing chronic chest pain, dyspnea, palpitations and PND.; Yes, there is Chronic Chest Pain.
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Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	There is no "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?; No, patient does not have new onset congestive heart failure.; This may very well be a false-positive stress test, but I think now, because she has syncope and she has ischemic-appearing changes on EKG, we have to prove that it is not an ischemic episode; No, there is no Chronic Chest Pain.; Yes, this patient has an equivocal or uninterpretable stress test (exercise, perfusion, or stress echo).	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.; 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.	2
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	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	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected cardiac septal defect.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	1

Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	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.; Abnormal Stress 	
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	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.; ANOMALOUS ORIGIN OF THE RIGHT CORONARY ARTERY FROM THE LEFT CORONARY CUSP.	1
Cardiology	Approval	75574 CT Angiography Heart coronary arteries, CCTA	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 multiple ER visits.	1
Cardiology	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 being evaluated prior to a noncardiac surgical procedure.;	1
Cardiology	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 .; ; Yes, this patient has an equivocal or uninterpretable stress test (exercise, perfusion, or stress echo).	2
Cardiology	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 .; EKG; Yes, this patient has an equivocal or uninterpretable stress test (exercise, perfusion, or stress echo).	1

Cardiology	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's stress echo was suboptimal; Yes, this patient has an equivocal or uninterpretable stress test (exercise, perfusion, or stress echo).	1
Cardiology	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 .; The left ventricle is normal in size. 	
Cardiology	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 suspected Coronary Artery Disease (CAD) and symptomatic?; Yes, patient has new onset congestive heart failure.;	1
Cardiology	Approval	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.;	1
Cardiology	Approval	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.; angina pectoris, shortness of breath, lower extremity edema, dizziness, hypertension, peripheral vascular disease, dyslipidemia, abnormal nuclear stress test	1

Cardiology	Approval	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.; angina pectoris, shortness of breath, palpitations, dizziness, arteriosclerosis of extremity with rest pain, hypertension, atrial fibrillation, family history of coronary artery disease	1
Cardiology	Approval	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.; ECG REVIEW: She tried to walk on the treadmill, but she could not. She had short bursts of SVT precipitated by exercise and some nondiagnostic ST segment changes which proceeded into recovery. The exam had to be finished with Lexiscan.RECOMMENDATION: This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; LVEF = 54% without wall motion abnormalities but by visual estimation this is closer to 65%.	1
Cardiology	Approval	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.; No evidence of significant reversible ischemia noted based on the	
Cardiology	Approval	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.; NON ST segmentation depression, abnormalities	1
Cardiology	Approval	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.; Patient continues to have radiating chest pain. Needs Eval of coronary arteries.	1

Cardiology	Approval	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.; Study is of poor quality due to patient body habitus, prominent gut 	
Cardiology	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C- /C+ POST-PXESSING		2
Cardiology	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C- /C+ POST-PXESSING	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 8/24/17; There has not been any treatment or conservative therapy.; Chest pain , shortness of breath, limb 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
Cardiology	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C- /C+ POST-PXESSING	PT HAD ABNORMAL ABI THAT SHOWED ARTERIAL DISEASE; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; Describe primary symptoms SEVERE LEG PAIN IN BOTH LEGS; EDUCATION TO QUIT SMOKING	1
Cardiology	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.	50
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		29

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; 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.	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; 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.	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; 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.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; 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.	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The patient is not diabetic.; The patient is less than 45 years old.; 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).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The patient is not diabetic.; The patient is less than 45 years old.; 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).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The patient is not diabetic.; The patient is less than 45 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).	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; 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.	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>&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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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's diagnosis was established by a previous stress echocardiogram, nuclear cardiology study, or stress EKG.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).</p>	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; 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 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.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; 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
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Cardiology

Approval

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

< Enter answer here - or Type In Unknown If No Info Given. >; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

1

Cardiology

Approval

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

< Enter answer here - or Type In Unknown If No Info Given. >; 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).; 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.

1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>&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.</p>	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>&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's age is between 45 and 64.; 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.</p>	6

Cardiology

Approval

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

< Enter answer here - or Type In Unknown If No Info Given. >; 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 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 male.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

1

Cardiology

Approval

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

< Enter answer here - or Type In Unknown If No Info Given. >; 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.

1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; 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	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for 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.; chest pain, shortness of breath and dizziness	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 8/24/17; There has not been any treatment or conservative therapy.; Chest pain , shortness of breath, limb 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

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; 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.	4
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; 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.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; 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.	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; 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.	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The patient is not diabetic.; The patient is less than 45 years old.; 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).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The patient is not diabetic.; The patient is less than 45 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).	5
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The patient's age is between 45 and 64.; 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).	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	4

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; 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.	9
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	10
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Cardiology

Approval

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

; 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 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.

1

Cardiology

Approval

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

; 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.

1

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 had a recent non-nuclear stress test.; The results of the previous nuclear cardiology study were not normal.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
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.	2
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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	2

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 had previous cardiac surgery or angioplasty.; There are no new symptoms or changing EKG findings.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; 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.	1
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.	39

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's age is between 45 and 64.; 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.	24
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.	1

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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.	1
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.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>; 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.</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>; 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</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>; 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</p>	1

Cardiology	Approval	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 not know	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; 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	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; 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	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; 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	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; 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	2

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; 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	3
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single 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.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; 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.; This evaluation is not 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
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Cardiology	Approval	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.; 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's age is between 45 and 64.; 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.	1
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Cardiology

Approval

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

01. Chest pain in adult (R07.9): Patient describes intermittent chest pains with features that are atypical. Some of the symptoms could represent myocardial ischemia. However, symptoms are more likely due to non-cardiac etiology. Patient has risk factor; 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.

1

Cardiology

Approval

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

01. Chest pain in adult (R07.9): Patient describes intermittent chest pains with features that are atypical. Some of the symptoms could represent myocardial ischemia. However, symptoms are more likely due to non-cardiac etiology. Patient has risk factor; 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's age is between 45 and 64.; 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.

1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>1. Chest pain &#x0D;</p> <p>55-year-old woman with past medical history of gastric bypass surgery, hypothyroidism, palpitations, tachycardia was referred for evaluation of tachycardia. Patient reportedly had elevated heart rate for 14 years. She has been tried on beta blockers and c; 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</p>
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	A 61-year-old female with: 

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Abnormal ECG The patient presents to the office today for cardiac evaluation regarding an abnormal ECG. The patient reports shortness of breath with certain types of activity along with intermittent chest pain characterized as aching in nature and palpit; The patient is not diabetic.; The patient is less than 45 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).</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Abnormal ECG, angina, and sharp chest pains radiating to left arm. Dizziness and nausea.; 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.</p>	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	abnormal ekg with elevated bp and chest pain. will fax ov, and 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Abnormal electrocardiogram stress test suggestive of myocardial ischemia.; 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	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	acute back pain and can't get on the treadmill; The patient is not diabetic.; The patient is less than 45 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).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Angina pectoris, unspecified; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Angina, ABN-EKG, Dizziness, Syncope, HTN; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Angina, CP, 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.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Angina, CP, Palpitation; 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.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Angina, CP, SOB, FM HX; 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.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Angina, Dyspnea on exertion, 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Angina, Murmur, FM HX; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	angina, Pre-Op; 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.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Angina; 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.; 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.</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>At last visit, patient reported frequent palpitations. Stated that they occur on daily basis. This has been ongoing for ~3 years. Stated that she has associated dizziness during episodes of palpitations. Episodes usually last ~5 minutes. Nothing iden; The patient is not diabetic.; The patient is less than 45 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).</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Atrioventricular block, second degree	
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	BMI OF 44.5....A 44-year-old lady with a history of untreated hypertension and family history of coronary artery disease presented to the Cardiology Clinic with a few months history of lower extremity edema, orthopnea, dyspnea on exertion, and chest pain.; The patient is not diabetic.; The patient is less than 45 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).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	bradycardia, s/p non stemi.; 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	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CAD w/abnormal ekg; 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 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CAD	
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CAD, dyspnea on exertion, HTN; 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 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.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CAD; post cardiac stent a year ago. Having chest pain.; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Caller is bypassing questions and faxing in clinical.; 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.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	cath in last 60 days; 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain , insomnia , anemia , 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.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain radiating to left arm, worsen with stress, shortness of breath; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Chest pain status post submaximal exercise treadmill stress test, unable 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.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain while working outside with arm radiation for several days; The patient's age is between 45 and 64.; 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).
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain with high risk for cardiac etiology, hypertension, patient came to emergency room 7/1/17- discharged. Dr. Igbokidi requesting out-patient myocardial perf imaging SPECT multi.
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Chest pain
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Chest pain, Dyspnea, Shortness of breath, weakness, swelling in ankles and feet.; 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).; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Chest pain, more frequent. Recommend a treadmill Cardiolute. 	
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain, 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's age is between 45 and 64.; 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.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain, palpitations, abnormal 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain, shortness of breath on exertion, hypertension, hyperlipidemia, 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 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	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain, shortness of breath, heart 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Chest pain, Shortness of breath, palpitations, dizziness.; 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.; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain, unspecified type, shortness of breath, positive cardiac stress test,chest tightness, palpitations.&#xOD;	

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain; SOB;	
			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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		1
			chest pain; The patient is not diabetic.; The patient is less than 45 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).	
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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.	4
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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's age is between 45 and 64.; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest tightness, dyspnea on exertion	

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest, afib; 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	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Chief Complaint	
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Comes in for follow up. He has CAD s/p CABG. His 2d echo showed normal LVEF with impaired LV relaxation. He had one episode of possible angina during cardiac rehab. No MI. He has occasional chest discomfort on and off radiating upto his neck lasting for f; 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	1

Cardiology Approval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study Complains of chest tightness with activity more recently. Also states he has been taking chlorthalidone until he ran out at end of July (last visit apparently was erroneously documented that he was not taking this).

Cardiology Approval 78451 Myocardial perfusion imaging, tomographic (SPECT); single study Continue current regimen and will schedule for cardiac stress test the next few months for surveillance; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>coronary artery disease s/p stent, angina pectoris, shortness of breath, dyspnea on exertion, tachycardia, hypertension, lower extremity edema, arteriosclerosis of extremity with rest pain; 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.</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>cp, dyspnea, smoker, 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.</p>	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	cp, htn, hpld,; 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's age is between 45 and 64.; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CP, Pure Hyperglyceridemia; 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.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	cp, smoker, family history,; The patient is not diabetic.; The patient is less than 45 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).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	cp, smoker; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CT score was 493; 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.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Date of visit: 09/14/2017	
			Diabetes Mellitus; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		
			diabetic, dyspnea, 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		
		78451 Myocardial perfusion imaging, tomographic (SPECT); single study		
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Dizziness	

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	dyspnea on exertion, shortness of breath on exertion, abnormal EKG-sinus rhythm with right bundle branch block, essential 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	dyspnea w/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.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	dyspnea, cp, palpitations, 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	dyspnea, smoker, family hx 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.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Encounter for Observation, CP, Dyspnea on Exertion; 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.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Encounter for Observation, CP, HTN, SOB, family history; 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.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	encounter for observation, cp, murmur, family history; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Encounter for observation, cp, palpitation, tachycardia, dizziness, smoker, family history; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Enter answer here - or Type In Unknown ICAD s/p PCI to LAD with DES (March 2016)	

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	episode of chest pain last week while he was sitting, 5/10 in intensity with no radiation to arm, his blood pressure was high, went to ER and SL NTG relieved his pain. Chest pain was not related to exertion. No more recurrent episodes since then. No orthop; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Essential (primary) hypertension	
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Essential (primary) hypertension	
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Essential (primary) hypertension; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	2

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Essential (primary) 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's age is between 45 and 64.; 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.	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Evaluate for CAD. The Pt has chest pain on exertion, short of breath, leg swelling, Dizziness. Chest pain wakes Pt at night.; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	exertional chest pain	

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	experiencing shortness of breathe with 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Family History of 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.; 7/1/2017; There has not been any treatment or conservative therapy.; pt has chest pain and shortness of breath. Weight gain recently. Dizziness and fatigue	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	family History: Father: Died of MI at age 34.	

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>followup of her ventricular septal defect; 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.</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Followup visit for this 52-year-old gentleman. He is here for a yearly followup. I initially saw him preop for a hip replacement. His hip replacement went well and had no cardiac issues. He has a history of hypertension hyperlipidemia and obesity. He stat; 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's age is between 45 and 64.; 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.</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>He has DOE and occasional palpitations. We increased the coreg to 12.5 mg po BID</p>	

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	He presents today with complaints of intermittent left sided chest pain over the past few years that has gradually become worse over the past few months. He reports it is a dull ache and mainly left sided with radiation to his left arm. He also reports SO; 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	History of Present Illness
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	History of Present Illness
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Hyperlipidemia

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Hyperlipidemia, family history of CAD, 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	HYPERTENSION , DIZZINESS, DYSPNIA ,LEG CRAMPS , LOW ENERGY; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; AUG 18 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	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Hypertension	

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	hypertension, cp, diabetic; 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's age is between 45 and 64.; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Hypertension, dyspnea with mild- mod exertion, back pain, fatigue/ dizziness, falling spell..; 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.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	hypertension, hyperlipidemis, cp; 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's age is between 45 and 64.; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	hypertension, obesity, diabetic; 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's age is between 45 and 64.; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Increase in fatigue; 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 cardiac surgery or angioplasty.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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.	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	It is not known if the patient is diabetic.; The patient is less than 45 years old.; 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).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	It is unknown 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.; This is NOT a Medicare member.; The patient is 65 or older.; It is unknown if the patient has a cardiac history with known myocardial infarction and/or cardiac intervention such as cardiac surgery/angioplasty(PCI); It is unknown if this is 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	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	It is unknown 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).; 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 been greater than 2 years since the surgery/procedure or last cardiac imaging	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	KNOWN CAD, LAST CATH WAS IN MAY 2016 AND AT THAT TIME MEDICAL MANAGEMENT WAS RECOMMENDED, HISTORY OF 4 STENTS AND SVT.; The patient is not diabetic.; The patient is less than 45 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).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Last one week chest pain, continuous, lower sternum, , worse with exertion, associated dyspnea, no radiation, one week ago pain was severe and relieved NTG, at the time felt heaviness, and some features are atypical ischemia.; The patient is not diabetic.; The patient is less than 45 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).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	looking for 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.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	lupus, htn, cp; The patient is not diabetic.; The patient is less than 45 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).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	mid sternal chest pain , pressure , 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	mild nontransmural area of inferolateral ischemia which is small to moderate in size.; 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's age is between 45 and 64.; 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.	1

Cardiology

Approval

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

Mr Crain is a pleasant 57yo gentleman (farmer/mechanic, disabled from back injury) with significant history of CAD s/p CABG at UAMS in 2003 for left main disease, HTN, T2DM/NIDDM, HLD, depression, COPD/continued tobacco abuse, GERD, and hypogonadism; 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

Mr Martin is a 42yo gentleman with significant history of trauma s/p stab wound to the left chest c/b LIMA injury (exploration sternotomy and LIMA ligation 9/21/12, Kajitani) requiring prolonged ventilator support s/p tracheostomy and h/o DVT RLE (2014, s; 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 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	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Mr Sams is here today to establish cardiology care. He has known CAD with PTCA/stents to LAD and RCA in 2012, normal nuclear in 2014. He is switching from El Dorado Heart Clinic. He has brought records with him. He denies any recent cp or SOB but states t; 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 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.</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Mr. Richard Burriss is a very pleasant 41-year-old gentleman with a history of chronic back pain and previous accident and recently had a back surgery and is unable to exercise. Lately he has been having some intermittent chest pain which he described as a; 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.</p>	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Mrs Goodwin is here today for cardiac evaluation. She has had intermittent chest "tingling" that does not radiate or cause SOB or nausea. She states that she can not remember last occurrence as it does not happen often but she wanted to be evaluated due; 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.</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Mrs Robinson is a 41 year old female referred by her PCP due to a family history of CAD. Her brother died of an MI at age 53 this past November. Her sister recently had a stent placed at age 39. Her father has "heart problems" as well. She feels well. She; 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</p>	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Mrs. Bright is a pleasant 51yo lady (disabled, worked for title agency) with significant history of osteoporosis, gout, h/o non-healing wound to RLE, gout, and CKD stage III (f/b Dr. Shaver), followed by Dr. Kirkland, referred for evaluation of LE discomf; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Ms Kelm is a pleasant 57yo lady (hospice RN) with significant history of HTN, HLD, GERD, DJD, rheumatoid arthritis/fibromyalgia (f/b Dr. Chi), followed by Dr. Seme, referred for initially for evaluation of chest discomfort.	
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Ms. Cagle is here today with c/o hypertension. States her BP was 170/100. States this weekend she had midline epigastric stabbing pain that burned up into her jaw line. States it does not last very long. Denies diaphoresis but states she has SOB with exer; 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.	1

Cardiology

Approval

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

Ms. Melissa Erdelen is a very pleasant 43-year-old obese female with a previous history of intermittent palpitations secondary to PVC. She has been having some intermittent chest pain on and off for the last few weeks. She described it as a pressure like ; The patient is not diabetic.; The patient is less than 45 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).

1

Cardiology

Approval

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

Ms. Turnbough comes in for initial evaluation. She does not have a lot of cardiac risk factors for heart disease but complains of chest pain. Her main issue is back pain she has five bulging disc's. She had some chest pain that she described as sharp in t; The patient is not diabetic.; The patient is less than 45 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).

1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	N/A; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	New patient appt for evaluation of chest pain. Described as sharp, shooting pains. Comes on intermittently without clear exertional aggravators. Some vague dyspnea associated with the spells. Each last about 5 mins. Some intermittent palpitations, "flutter; 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's age is between 45 and 64.; 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.	1

Cardiology

Approval

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

New patient referred Dr tim Wilkin, palpitations last 2 weeks, lasting up 10 minutes, associated dizziness, near syncope, and chest pressure, localized...several episodes, concerned, she smokes 1/2 a pack a day...; 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.

1

Cardiology

Approval

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

New patient referred Kimberly Golden MD, with chest pains last few years, getting worse, left precordial, short episodes, at rest and exercise, radiating at times left arm, no associated dyspnea.....has dyspnea with exertion, associated fatigue...history; 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

1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	NO Stress Echos done within 60 mile radius. Stent in 2016, dyspnea on exertion, htn, hyperlipidemia,; 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	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	nondiagnostic stress echo	
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	NOne; 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.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	none; 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's age is between 45 and 64.; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	None; 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	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	None; 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	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	On her follow up appointment she was tachycardic and hypertensive so she was placed on an event monitor for 7 days which showed sinus tachycardia with no ectopic atrial arrhythmias. PMH includes PE, DVT, HTN, and Hyperlipidemia. Pt states that her clots h; 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's age is between 45 and 64.; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Palpitation, Tachycardia, Dyspnea on Exertion, Atypical CP; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Palpitations&#xOD;	

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient cannot walk on treadmill due to smoking having syncope	
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Patient cannot walk on treadmill, he has COPD and respiratory failure; The patient is not diabetic.; The patient is less than 45 years old.; 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).</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>PATIENT HAS ANGINA PAINS, SHORTNESS OF BREATH, HISTORY OF HYPERTENSION AND HYPERLIPIDEMIA WITH A 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.</p>	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>patient has complaints of chest tightness that radiates through to her back daily. It is caused with and without exertion. patient has shortness of breath a long with 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.</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>patient has increased chest pain and tightness with and without exertion. patient does have shortness of breath. patient has strong history of hypertension and syncope episodes.; The patient is not diabetic.; The patient is less than 45 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).</p>	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient has reported chest pain, tachycardia and syncope, thus stress testing is needed to evaluate cardiac cause of symptoms.; 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's age is between 45 and 64.; 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.	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	PATIENT HAVING CHEST PAIN, KNOWN CAD S/P STENT AND CABG, UNABLE TO WALK ON TREADMILL DUE TO PHYSICAL LIMITATIONS.; 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	1
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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient having chest pain, SOB, dyspnea on exertion, and DM II. There are no stress echos down within 60 mile radius.; 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	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient having intermittent chest pain and heaviness in chest lasting less than 10 minutes and becoming more frequent and increase intensity; The patient is not diabetic.; The patient is less than 45 years old.; 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).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	PATIENT HAVING SEVERAL EPISODES OF CYNCOPE KNOW HISTORY OF SEZURES AND CHEST PAIN SHORTNESS OF BREATH AND FATIGUE.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Patient is a 53 year old female who presents today as new patient. PMH includes OA, ADD, depression, and osteoporosis. She denies any previous cardiac workup. She smokes 1.5 PPD. He presents today with complaints of intermittent sharp chest pain that occur; 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.</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Patient is a 56-year-old female who has complained of an episode of chest pain that occurred approximately five days ago while she was at work. This lasted for approximately a minute and was associated with some jaw tightness as well as a headache. Patient; 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</p>	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Patient is a 57 year old female who presents today as new patient. PMH includes HLD, GERD, and DM type 2. She is a non-smoker. She denies any previous cardiac workup. She presents today with complaints of midsternal chest pressure that will radiate to 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's age is between 45 and 64.; 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.</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Patient is having increased shortness of breath. Worsens with activity. Former smoker. History of ICD; 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.</p>	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>patient is having recurrent chest pain, has hypertension, and patient is obese and unable to run on treadmill. patient's bmi is 36.3, and has a family history of heart disease; The patient is not diabetic.; The patient is less than 45 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).</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>patient is present with chest pain and shortness of breath.; 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's age is between 45 and 64.; 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.</p>	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient referred to cardiology by emergency room for chest pain. Patient is not able to walk on a treadmill due to chronic leg 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 20 to 29	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient reports during the visit, he was having "sharp" left-sided chest pain, that radiated between his shoulder blades. Associated with nausea, diaphoresis and shortness of breath. Today, patient states he continues to have intermittent "sharp" left-s; 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.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient stated he has occasional chest pain and heavy pressure associated with shortness of breath. he has a strong family history of CAD and 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient that has a pacemaker/defibrillator with hypertension, SVT with cardiomyopathy.; 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 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.	1

Cardiology

Approval

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

patient was in the hospital for acute coronary syndrome and chest pain, recommend Stress test for further evaluation; 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's age is between 45 and 64.; 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.

1

Cardiology

Approval

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

PATIENT WAS REFERRED FOR CHEST PAINS THAT RADIATES INTO ARM. DOES NOT MATTER IF IT WITH EXERTION OR AFTER. CHEST PAINS FEELS LIKE HEAVINESS, TIGHTNESS AND PRESSURE. PATIENT DOES HAVE SHORTNESS OF BREATH. CHEST PAIN DOES GO INTO HER BACK. DOES HAVE A FAMIL; 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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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Patient was referred from Miller APN for palpitations and near syncope. PMH includes Hyperlipidemia and Rheumatic fever. Patient describes fluttering in chest that is getting worse associated with near syncope and dizziness,.; 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.</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Patient was seen in the office for chest pain and pressure associated with SOB. In her PMH she has hyperlipidemia, hypertension, gerd. she had pericarditis 10 years ago and had a pericardial window placed.; 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.</p>	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient went to ER with Chest pain 9/10 accompanied by shortness of breath. EKG and enzymes were negative; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient with a icd devise. VT with new changes and shortness of breath; 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.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient with abnormal EKG; not able to walk a treadmill; The patient is not diabetic.; The patient is less than 45 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).	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient with chest pain, chronic DHF, back pain, DOE, family h/o CAD, HTN, tobacco use. Lexiscan MPI due to h/o back pain (cannot exercise on treadmill). Suspected CAD. Nonspecific ST-T changes on EKG.; 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 less than 20	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Patient with complaint of chest pain, short of breath, fatigue. Patient states she is not able to do much because of exertional shortness of breath and fatigue. Patient has a history of tobacco use. Patient has CAD with a stent in the RCA. Patient has a d; 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 less than 20</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Patient with complaints as noted in above HPI. In regards to her chest pain, she never completed previously ordered MPI testing. Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patients dyspnea with min; 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.</p>	1

Cardiology

Approval

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

Patient with known CAD, Patient with history of MI with stenting to the RCA, 7/20/2016 and 9/30/2016. Cath results on 9/30/2017 indicated patient also had: LM 20%, LAD 60-70%, Circumflex 50-60% and RCA in stent acute thrombosis. EF 40-45%, mild to moderate; 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

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Patient with known coronary artery disease and risk factors for CAD presents with recurrent episodes of pressure-like chest pain, dyspnea and dyspnea on exertion. Findings on this consultation and discussion of cardiac issues described in the list of prob; 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</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>PMH includes NICM with EF 40-45%, Hypertension, anxiety, COPD (He was seen by pulmonology once, however, has not followed up with their office since. continues to complain of intermittent chest pain associated with 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's age is between 45 and 64.; 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.</p>	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	post hospital, chest pain, DM II, hypertension, dyslipidemia; 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's age is between 45 and 64.; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pre surgery eval, 	
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Precordial chest pain diaphoresis dyspneawhite male with strong family history of coronary artery disease presents with six month history of recurrent episodes of left precordial pressurelike chest pain radiating to his left arm associated with diaphores; The patient is not diabetic.; The patient is less than 45 years old.; 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).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Precordial chest pain dyspnea dyspnea on exertion recent factors for coronary artery disease
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	precordial chest pain
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	precordial chest pain, chest pain, unspecified, left arm pain
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	precordial pain, palpitations, chest pain, unspecified type.
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	precordial pain, palpitations, benign hypertension
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Precordial pain; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pre-operative eval for EGD with episodes of chest pain and tachycardia.; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	presented to ED with c/o palpitations associated with SOB, chest pressure, and dizziness.Admitted April 2017 for same workup.placed on a beta blocker at that time however had an acute asthma exacerbation and med was discontinued.Patient needs Nuclear stress; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pressure like chest pain and dyspnea for 3-4 weeks	

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Problem List/Impression: 1. Atrial flutter I48.92	
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Problem List/Impression: 1. Chest pain R07.9	
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Problem List/Impression: 1. Pre-op evaluation Z01.818 pt had abnormal EKG; 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 non-nuclear stress test.; "Patient is not clinically obese, nor has an emphysematous chest configuration."; The patient's pt had Ct og chest that showed 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	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt had exertional dyspnea	

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt had heart cath in 2016 that showed some cad that was being medically treated. Pt is having new chest pains and SOB.; 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	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt had stents in June and having new symptoms of chest pain with abnormal EKG on 7/5/17; 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	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt has 30yr history of alcohol/tobacco abuse.	

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt has abnormal strain value on echo with asymmetric hypertrophy of septum and anterolateral wall, pt has diastolic dysfunction. has significant chest pressure with hypertensive episodes as high as 200/130 has been experiencing worsening fatigue.; 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.; Pt has chest pain, shortness of breath, hypertension, quit smoking a few weeks ago, Family history of CHF.; 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.;	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	PT HAS COPD, PT PRESENTED TO DAY WITH CHEST PRESSURE AND SHORTNESS OF BREATH.; 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.; 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	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt has family history of cardiac sudden death , chest pain, shortness of breath.; 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	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt has had a few near syncopal episodes. Pt has known CAD with prior stents. New onset of chest pain.; 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	
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt has leg edema, and strong family h/x of pre mature CAD. obese.; 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	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	PT HAVING ANGINA S/P PTCA 2 VESSELL WITH STENT. has a stable medical history of CAD/PCI/CABG, CHF, HTN, HPLD, AICD. episodes of chest pain, precordial in location, sharp in character, lasting seconds, no evident triggering or relieving factor, non-radiat; 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	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	PT HAVING ANGINA, SOB, HX OF HTN, HYPERLIPIDEMIA, TIA, ATRIAL FIB.; PT HAVING CHEST PAINS, PT ALSO IS A TOBACCO USER WITH ABN EKG SHOWING ST CHANGES AND POOR R WAVE PROGRESSION; 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.; 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	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>PT HAVING SOB WITH EXERTION, He refers dyspnea moderate efforts. has a stable medical history of hypertension, edema, depression, and alcohol dependence. Edema of lower extremity, echocardiogram did not show any evidence of systolic congestive heart failu; 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.</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Pt is having ongoing cardiac symptoms. Pt was not able to complete a treadmill stress test due to chest pain and left bundle branch block. Pt has prior stenting and is at risk for acute MI; This study is being ordered for Vascular Disease.; Several years of cardiac problems. prior stenting and ongoing symptoms.; There has been treatment or conservative therapy.; Pt is having ongoing worsning cardiac symptoms. Pt was not able to complete a treadmill stress test due to chest pain and left bundle branch block. Chest pain and shortnes of breath.; Prior artery stenting and several cardiac workups and pt is VERY symptomatic</p>	1

Cardiology

Approval

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

Pt is here to establish care. She has been having problems with episodes where she becomes flushed, dizzy/lightheaded, & has lost consciousness during two of the episodes. She admits to palpitations with the episodes. The episodes have been occurring; 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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Cardiology

Approval

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

pt is needing this test for cardiac clearance so she can have a kidney transplant; 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.

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Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt is unable to walk due to bi-lateral knee pain.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is male.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt presented to er w/chest pain and L arm numbness. pt is obese; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt presented to ER with severe chest pain mid sternum... relieved with TNG; 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	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt suffers with chest pain, smoker, obese, hx of hypertension and SOB.; 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt with chest pain and dyspnea along with palpitations. Also hypertension and also heart failure with preserved EF; 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 pt with cp and abn T waves scheduled for a Lexiscan. Pt has a Head injury from GSW and is Blind in one eye. Docuemted that he is unable to follow commands for a Walking Stress test. scheduled 09-27-2017.; 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.;	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single 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	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Pt with strong family hx of CAD. 41-year-old white male who over the last year has been experiencing recurrent episodes of pressure-like chest pain located in the precordium, nonradiating, associated with dyspnea, moderate to severe in intensity, lasting ; 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	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Reason for Appointment  Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patients severe dyspnea patient would not tolerate exercising on a treadmill at all Rule out underlying	
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Referred for palpitations. States he could feel his heart "beating out of my chest," for the last month, occurs most days, especially at night at rest and prevents him from sleeping all night. Has also noticed episodes of chest pressure and tightness, at ; The patient is not diabetic.; The patient is less than 45 years old.; The patient has not had a recent exercise treadmill test that was positive.; The patient has NONE of the following:	
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	heart transplant, aortic aneurysm, carotid artery	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	She complains of chest pain for the past year ever since she had her pacemaker. Multiple episodes daily, sometimes severe pain. It is a spasm like pressing of the lower sternum. It is sore to touch and can be induced by a deep breath. She has had 4 dilati; 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 She complains of chest pain lasting about 5 min associated with SOB and has happened 3 times in last month. Patient has history of mitral valve replacement and CVA with left sided weakness in 2006; 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's age is between 45 and 64.; The patient has She has a moderately elevated CAC score. She has chest pain, moderate severity, left-sided, soreness, constrictive feeling, worsens with stress, increased leg cramping/weakness walking stairs. Tearful as she related her extremely stressful living situatio; 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	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	She complains of chest pain for the past year ever since she had her pacemaker. Multiple episodes daily, sometimes severe pain. It is a spasm like pressing of the lower sternum. It is sore to touch and can be induced by a deep breath. She has had 4 dilati; 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 She complains of chest pain lasting about 5 min associated with SOB and has happened 3 times in last month. Patient has history of mitral valve replacement and CVA with left sided weakness in 2006; 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's age is between 45 and 64.; The patient has She has a moderately elevated CAC score. She has chest pain, moderate severity, left-sided, soreness, constrictive feeling, worsens with stress, increased leg cramping/weakness walking stairs. Tearful as she related her extremely stressful living situatio; 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	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	She complains of chest pain for the past year ever since she had her pacemaker. Multiple episodes daily, sometimes severe pain. It is a spasm like pressing of the lower sternum. It is sore to touch and can be induced by a deep breath. She has had 4 dilati; 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 She complains of chest pain lasting about 5 min associated with SOB and has happened 3 times in last month. Patient has history of mitral valve replacement and CVA with left sided weakness in 2006; 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's age is between 45 and 64.; The patient has She has a moderately elevated CAC score. She has chest pain, moderate severity, left-sided, soreness, constrictive feeling, worsens with stress, increased leg cramping/weakness walking stairs. Tearful as she related her extremely stressful living situatio; 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	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	She has had recurrence of chest pain over the past few weeks. It is substernal location and described as a feeling of anxiety in her chest, several episodes of variable intensity and duration. Decreased zoloft around time CP first started, but CP has not ; 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	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	She is self-referred. She c/o mild dull chest pain, with exertion and at rest, no radiation, no associated symptoms, lasted for few seconds, relieved on its own. FH(+) for CAD/CABG, uncle had in his 60s. No cig, EtOH. She has h/o HLD on medication. No 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.	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	shortness of breath, leg pain, ventricular depolarization, hydro valve prolapse, complains of heart racing when she does anything, light headedness; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Sinus bradycardia Short PR in the bowel Nonspecific ST T 	
			Stress was done using BRUCE protocol. Patient walked 6 minutes and 30 seconds. A maximum heart rate of 93 bpm was achieved. This represents 58% of the predicted max HR. Maximum workload achieved was 8.20 METS. The test was stopped due to inadequate heart ; 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	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Summary  suspected 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	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	syncopal episode; SOB; bradycardia; family history of early heart disease; It is not known if the patient is diabetic.; The patient is less than 45 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	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	syncope and collapse, elevated troponin, patient was seen in emergency room-this is for out-pt stress test.; Syncope and collapse; 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.;	
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has diabetes.	5
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is diabetic.; The patient is less than 45 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	10
Cardiology	Approval	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.	19

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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.	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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 not diabetic.; The patient is less than 45 years old.; The patient has had a recent exercise treadmill test that was positive.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	10
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is not diabetic.; The patient is less than 45 years old.; 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).	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>The patient is not diabetic.; The patient is not diabetic.; The patient has not had a recent exercise treadmill test that was positive.; 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.; 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 a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This is NOT a Medicare member.; This is NOT a Medicare member.; The patient is less than 45 years old.; The patient is less than 45 years old.</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>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 has been greater than 5 years since cardiac testing has been performed</p>	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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 been greater than 2 years since the surgery/procedure or last cardiac imaging	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have diabetes.	9
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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	4
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	the pt. has bradycardia , dizziness shortness of breath chest pain , palpitation; 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.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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 congestive heart failure.; 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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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 congestive heart failure.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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.	9

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	3
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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 had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	3
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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 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's age is between 45 and 64.; 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.	1
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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 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).; 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.	1
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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 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 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.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

1

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.; 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 female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.

2

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>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</p> <p>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</p>	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>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</p>	13

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.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a	2
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.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; 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.	10
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.; There are documented clinical findings of hypertension.; It is not known if the patient has 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's age is between 45 and 64.; The patient has not had a stress	1

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.; 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	1
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.; 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's age is between 45 and 64.; 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.	4
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.; There are documented clinical findings of hypertension.; 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	11

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.; There are documented clinical findings of hypertension.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within	2
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.; There are no documented clinical findings of hypertension.; The patient is 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	1
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.; 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	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>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.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has a physical limitation to exercise.</p> <p>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</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>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.; 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</p>	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>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.; 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</p>	1

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 documented clinical findings of hyperlipidemia.; It is not known if the patient has had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; 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	1
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 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); It is not	5
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 documented clinical findings of hyperlipidemia.; The patient had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; 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	5
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 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	10

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 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 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past	122
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 documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past	10
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 documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past	66
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.; The patient 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	1

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.; The patient had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress	2
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.; 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	2
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.; 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	33
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.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a	2

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>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's age is between 45 and 64.; The patient has not had a stress</p> <p>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.;</p>	19
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>"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</p> <p>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.;</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>"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</p>	18

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 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.;	2
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 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's age is between 45 and 64.; 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.	9
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 documented clinical findings of hypertension.; 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	1

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 documented clinical findings of hypertension.; 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	2
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 documented clinical findings of hypertension.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight	1
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 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	1

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	1
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	4
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's age is between 45 and 64.; The patient has not had a stress echocardiogram	2

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's age is between 45 and 64.; The patient has not had a stress echocardiogram	2
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.; It is not known if the patient is clinically obese or if there is an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; The patient is female.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; It is not known if the patient has a physical limitation to exercise.	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>This is a 53-year-old who presented with abnormal treadmill stress test which was requested for chest pain and also patient has diabetes, hypertension, and family history and active smoking. The patient said the chest pain is retrosternal chest pain radia; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/14/2017; 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</p> <p>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</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>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</p>	16
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>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.</p>	5

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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 40 or greater	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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.	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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.	7
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	17

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>This study is being ordered as a pre-operative evaluation.; 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.; 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</p> <p>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 myocardial infarction.; 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</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>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</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>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</p>	1

Cardiology	Approval	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.; It is not known if there are documented findings of hyperlipidemia.; 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 stress echocardiogram.; The patient has suspected CAD.; 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 evaluation is prior to major surgery involving general anesthesia.; This is a request	1
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Cardiology	Approval	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 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.	1
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Cardiology	Approval	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 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	1
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Cardiology	Approval	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 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's age is between 45 and 64.; 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.	3
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Cardiology

Approval

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.; 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.; 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 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.

Cardiology

Approval

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 has not had a recent non-nuclear stress test.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; "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 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.

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>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 no documented clinical findings of hypertension.; The patient is not diabetic.; 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.; "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 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.; The patient is female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.</p>	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>TO SEE IF PATIENT HAS 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.</p>	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>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.</p> <p>Type 2 diabetes mellitus without complications; 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</p>	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Type 2 diabetes mellitus without complications; 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's age is between 45 and 64.; 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.</p>	3
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>Type 2 diabetes mellitus without complications; 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's age is between 45 and 64.; 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.</p>	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Unable to walk on treadmill. BMI of 54.59; The patient is not diabetic.; The patient is less than 45 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 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 unknown Enter answer here -unknown or Type In Unknown If No Info Given.; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a unknown; 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.; 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 unknown; 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.;	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	2
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a 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 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 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.; 7/7/2017; There has not been any treatment	8
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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 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 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.; 7/7/2017; There has not been any treatment	6
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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.; 7/7/2017; There has not been any treatment	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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.; 7/7/2017; There has not been any treatment	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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.; 7/7/2017; There has not been any treatment	1

Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	valvular degenerative disease. abnormal ekg. can not do walking test. back issues; 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.; WUILL 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 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.; Yes, the patient has symptoms including chest tightness, angina and/or 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.; Patient has history of breast cancer and This is a request for a MUGA scan.; This study is being ordered for Congestive Heart Failure.; The patient has recently 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.; status post septal	1
Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging 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.; Yes, the patient has symptoms including chest tightness, angina and/or 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.; Patient has history of breast cancer and This is a request for a MUGA scan.; This study is being ordered for Congestive Heart Failure.; The patient has recently 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.; status post septal	1
Cardiology	Approval	78459 Myocardial imaging, PET	This is a request for Myocardial Perfusion Imaging 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.; Yes, the patient has symptoms including chest tightness, angina and/or 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.; Patient has history of breast cancer and This is a request for a MUGA scan.; This study is being ordered for Congestive Heart Failure.; The patient has recently 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.; status post septal	1
Cardiology	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for Myocardial Perfusion Imaging 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.; Yes, the patient has symptoms including chest tightness, angina and/or 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.; Patient has history of breast cancer and This is a request for a MUGA scan.; This study is being ordered for Congestive Heart Failure.; The patient has recently 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.; status post septal	1
Cardiology	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for Myocardial Perfusion Imaging 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.; Yes, the patient has symptoms including chest tightness, angina and/or 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.; Patient has history of breast cancer and This is a request for a MUGA scan.; This study is being ordered for Congestive Heart Failure.; The patient has recently 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.; status post septal	1

Cardiology	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Congestive Heart Failure.; The patient has recently been diagnosed with and/or treated for congestive heart failure.; The patient has not had a previous MUGA scan.; The patient is presenting new cardiac signs or symptoms.; The patient has not had a recent MI.; There are documented clinical findings	1
Cardiology	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Congestive Heart Failure.; The patient has recently been diagnosed with and/or treated for congestive heart failure.; The patient has not had a previous MUGA scan.; The patient is presenting new cardiac signs or symptoms.; The patient has not had a recent MI.; There are documented clinical findings	1
Cardiology	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Congestive Heart Failure.; The patient has recently been diagnosed with and/or treated for congestive heart failure.; The patient has not had a previous MUGA scan.; The patient is presenting new cardiac signs or symptoms.; The patient has not had a recent MI.; There are not documented clinical findings	1
Cardiology	Approval	78472 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.; It is not known if	1
Cardiology	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; There are EKG findings consistent with cardiomyopathy	1
Cardiology	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; There are not EKG findings consistent with cardiomyopathy or myocarditis.; There are stress echocardiogram findings consistent with	1

Cardiology	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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.; 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.; Muga scan is need to	1
Cardiology	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	< 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	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	< 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 >; It is not known if there has 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	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	< 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.; about 3 weeks ago; There has not been any	1

Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for 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.; chest pain, shortness of breath and dizziness	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	; This study is 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	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	; This study is 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 not been any treatment or conservative therapy.; Chest Pain ; This study is being ordered for Vascular Disease.; FEW MONTHS AGO; There has not been any treatment or conservative therapy.; Brian Poole is 47 years old. He is here at the request of Derainey Smith, APN for consultation and diagnostic testing, as needed, due to an 8 month history of intermittent episodes of chest pain that occurs at random and sometimes comes with exertion. So; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1

Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	; This study is being ordered for Vascular Disease.; Pt has had on going cardiac issues that are not date specified.; There has been treatment or conservative therapy.; Pt has known CAD with new onset of chest pain. RBBB and HTN, hyperlipidemia; Pt is on max medical therapy for heart disease.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ; This study is being ordered for Vascular Disease.; STARTED IN THE LAST FEW MONTHS; There has been treatment or conservative therapy.; Tracey Ann Brozovich is a 62 year old lady with a prior history of aortic valve replacement. She presents for routine followup. The patient has been having episodes of chest pain and notices it more when she has stress in her life; this causes some burnin; PT HAS BEEN TRIED ON OMEPRAZOLE IN THE PAST FOR CHEST PAIN; One of the studies being ordered is NOT a Breast MRI, CT	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	ANGINA I20.9 SOB R06.02 PALPS R002, HEART MURMUR R01.1; 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.; PT IS HAVING ANGINA, SOB, PALPITATIONS. PT NOTED TO HAVE A HEART MURMUR AT APPT TODAY; It is not known if there has been any treatment or conservative therapy.; ANGINA I20.9 SOB R06.02 PALPS R002, HEART MURMUR R01.1; One of the studies being ordered is NOT a	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Chest pain, more frequent. Recommend a treadmill	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC	Cardiolite. 	

Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Diabetes, SOB, fatigue, hyperlipidemia and hypertension; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/23/2017; There has not been any treatment or conservative therapy.; Heart Murmur (undiagnosed by diabetic md); One of the studies being ordered is NOT a Breast MRI, CT	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Enter answer here - or Type In Unknown If No Info Given He has the chest tightness, fatigue and dizziness along w/occasional BLE edema.; This study is 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	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Family History of 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.; 7/1/2017; There has not been any treatment or conservative therapy.; pt has chest pain and shortness of breath. Weight gain recently. Dizziness and fatigue	1

Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	nausea and vomiting; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; c/o chest pain with SOB and diaphoresis while sitting in doctor Cedeno's office for post op office visit s/p hernia repair under general anesthesia-pt was sent to ER for chest pain work up at that time. also has sinus bradycardia. today was 54 and in surg; There has not been any treatment or conservative therapy.; chest pain, SOB, diaphoresis, sinus bradycardia; One of the studies being ordered is	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Pt is having ongoing cardiac symptoms. Pt was not able to complete a treadmill stress test due to chest pain and left bundle branch block. Pt has prior stenting and is at risk for acute MI; This study is being ordered for Vascular Disease.; Several years of cardiac problems. prior stenting and ongoing symptoms.; There has been treatment or conservative therapy.; Pt is having ongoing worsening cardiac symptoms. Pt was not able to complete a treadmill stress test due to chest pain and left bundle branch block. Chest pain and shortness of breath.; Prior artery stenting and several cardiac workups and pt is VERY symptomatic	1

Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	<p>Pt needs to have Nuc and Echo to view heart and function; This study is being ordered for Vascular Disease.; He reports the following symptoms: chest pain, palpitations. He denies dyspnea, irregular heart beats, syncope, fatigue, orthopnea, paroxysmal nocturnal dyspnea, exertional chest pressure/discomfort, claudication, lower extremity edema, tachypnea.; There has been treatment or conservative therapy.; He reports the following symptoms: chest pain, palpitations. He denies dyspnea, irregular heart beats, syncope, fatigue, orthopnea, paroxysmal nocturnal dyspnea, exertional chest pressure/discomfort, claudication, lower extremity edema, tachypnea.; Pt treated for HTN and Chest pain with 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</p>	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	<p>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.; 7/20/2017; There has not been any treatment or conservative therapy.; Dyspnea, shortness of breath, abnormal EKG</p>	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	<p>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.</p>	23

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) indicatvie of heart disease.; The patient has high blood pressure	4
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) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.	2

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) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.	2
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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.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	1
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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.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of	1
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.; This is an initial evaluation of suspected valve disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected valve 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 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) indicatvie of heart disease.; It is unknown if this study is	1
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.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; It is unknown if this study is	1

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.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	2
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.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	2
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.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	7

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.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie 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	4
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.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie 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	2

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.; This is for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	1
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 cardiac arrhythmias; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	1
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 cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	6
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 Marfan's syndrome.; This is NOT for the initial evaluation of Marfan's Syndrome.; This is for annual evaluation of Marfan's Syndrome.	1

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 Pericardial Disease.; This is for the initial evaluation of a pericardial 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.; 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.	1
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 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.	1
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 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.; 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 request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		4

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 Evaluation of Cardiac Murmur.; This request is for initial evaluation of a	7
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 Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a	1
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 Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.;	16
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 Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT 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.	1
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 Evaluation of Cardiac	7
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 Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial	3
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 Evaluation of Cardiac Valves.; This is an annual review of known valve	9

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 Evaluation of Cardiac	19
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 Evaluation of Cardiac	1
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 Evaluation of Cardiac	81
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 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.	3
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 Evaluation of Congenital Heart Defect.; This is for evaluation of change of clinical status.	1
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 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.	1

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 Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	1
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 Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is	2
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 Evaluation of Heart Failure; It is unknown if there been a change in clinical status	1
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 Evaluation of Heart Failure; There has been a change in clinical status since the last	8
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 Evaluation of Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; It is unknown if this is for the	1
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 Evaluation of Heart Failure; There has NOT been a change in clinical status since	2

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 Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	29
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 Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a	12
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 Evaluation of Left Ventricular Function.; The patient does not have a history of a	36
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 Evaluation of Left Ventricular Function.; The patient has a history of a recent	6
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 Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the	1
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 Evaluation of Left Ventricular Function.; The patient has a history of hypertensive	36
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 Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's	4
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 Evaluation of Pulmonary Hypertension.	34

Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This is a 53-year-old who presented with abnormal treadmill stress test which was requested for chest pain and also patient has diabetes, hypertension, and family history and active smoking. The patient said the chest pain is retrosternal chest pain radia; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/14/2017; 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 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; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/7/2017; There has not been any treatment ; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; It is unknown why this study is being requested. ; 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	1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		1
Cardiology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		1
Cardiology	Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R		1
Cardiology	Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R		2

Cardiology	Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	A 51-year-old gentleman with a history of recurrent repeated strokes and transient ischemic attacks affecting his general condition very significantly. At this time, we need to rule out atrial septal defect or patent foramen ovale as a cause of it. Echoca; 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 Pt is here to establish care. Denies previous cardiovascular care. States that about a month ago he was told that he had a mini stroke. The episode occurred where he fell in the bathtub & his right side went completely numb for about 30 minutes. A week la; 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,	1
Cardiology	Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested after a completed NON	1
Cardiology	Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	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	3
Cardiology	Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of persistent fever in a patient with any intracardiac devise (artificial Transit cerebral ischemia. No obvious source for TIA symptoms or complications.; This a request for an echocardiogram.; This is a request for a	9
Cardiology	Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial	1

Cardiology	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	< 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 ; This study is 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
Cardiology	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	Abnormal EKG, R/O CAD; This study is being ordered for Vascular Disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.;	2
Cardiology	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	Chest 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.;	1
Cardiology	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	08/14/2017; There has not been any treatment or conservative therapy.;	1
Cardiology	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	Angina, CAD history, Hypertension disorder,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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.;	1
Cardiology	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	08/17/2017; There has not been any treatment or conservative therapy.;	1
Cardiology	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	Chest pain, hypertension disorder, hyperlipidemia, EKG of 96; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The	1

Cardiology	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	PT HAVING CHEST PAINS, WITH TIGHTNESS, SHORTNESS OF BREATH, AND HAD AN ABNORMAL EKG VON WILLERBRAND, HYPERLIPIDEMIA, DM, HTN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; STARTING IN MAY 2017 PT HAVING CHEST PAINS, WITH TIGHTNESS, SHORTNESS OF BREATH, AND HAD AN ABNORMAL EKG; There has not been any treatment or conservative therapy.; PT HAVING CHEST PAINS, WITH TIGHTNESS, SHORTNESS OF BREATH, AND HAD AN ABNORMAL EKG	1
Cardiology	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	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	5
Cardiology	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	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.	15
Cardiology	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	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	3
Cardiology	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	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	14

Cardiology	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS		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 Comes in as sefl referred for further evaluation of his chronic headaches around his occipital region, it starts usually as sharp throbbing pains and then gets very sharp in intensity. Lasts usually all day unless he takes aleve or similar medication. Den;	125
Cardiology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Den; This is a request for a brain/head CT.; The study is being requested for he recently presented to the ER with complaints of episodes of excessive hot flash, dizziness, nausea, sudden severe headache followed by sharp center chest pain. She states on Monday she had another Patient is a 27 year old male who presents today as new patient. PMH includes HTN. He denies any previous cardiac workup. His is referred by his PCP today for syncope. He reports 4 separate syncopal episodes, two while fishing and another while cooking. H;	1
Cardiology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This study is being requested for None of the above.; This 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	1
Cardiology	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 Vascular Disease.; 08/28/17; There has not been any treatment or conservative therapy.; carotid stenosis, arm pain, left sided stabbing chest pain, jaw numbness, syncope, 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	1
Cardiology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary		1

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.	1
Cardiology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	PATIENT HAVING SEVERAL EPISODES OF CYNCOPE KNOW HISTORY OF SEZURES AND CHEST PAIN SHORTNESS OF BREATH AND FATIGUE.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Cardiology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Comes in as sefl referred for further evaluation of his chronic headaches around his occipital region, it starts usually as sharp throbbing pains and then gets very sharp in intensity. Lasts usually all day unless he takes aleve or similar medication. Den; 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 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	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	request for a Diagnostic CT	1
Cardiology	Disapproval	71250 CT CHEST, THORAX	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
Cardiology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	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	1

Cardiology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	chest pain for the last two weeks; 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	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient continues to be short of breath, looking for pulmonary stenosis status post PVI; 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 had a CTA of coronary arteries on 4/28/2017 where right lower lobe lung nodules and hilar adeonpathy were found. A repeat CT was scheduled for 5/26/2016 which indicated a decrease and lung biopsy was cancelled with the recommendation to reevaluate; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax PVD's.; 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	1
Cardiology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	"There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax PVD's.; 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	1
Cardiology	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	dyspnea is moderate in intensity	1
Cardiology	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	NOne; 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 Patient has extreme fatigue bilateral leg pain	1
Cardiology	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	hypertension , claudication , cervicalgia , extremity numbness, COPD , chest pains palpitations; This study is not to be part of a Myelogram.; This is a request for a	1

Cardiology	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is a 58 year old male who presents today as new patient. PMH includes HTN. He is a 1 PPD smoker. He reports cardiac workup in Mt. Home last year with 24 hour monitor, stress test, echo and carotid, all paraesthesias; This study is 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 one month; There has not been any treatment or	1
Cardiology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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 then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks. paraesthesias; This study is 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 one month; There has not been any treatment or	1
Cardiology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	conservative therapy.; Patient reports numbness/tingling In bilateral upper extremities that persists and becomes painful	1
Cardiology	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	dyspnea is moderate in intensity	

Cardiology	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	2
Cardiology	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	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."; mass on right kidney	1
Cardiology	Disapproval	75557 Cardiac MRI Morph & structure w/o contrast	Radiology Services Denied Not Medically Necessary	This is a request for a heart or cardiac MRI	3
Cardiology	Disapproval	75571 Coronary Artery Calcium Score, EBCT	Radiology Services Denied Not Medically Necessary	Family hx of ischemic heart disease Pt is here to establish care. She is being referred for HTN & elevated HR. She has anxiety and stress, owner of a grocery store in crossett. SHE has palpitations and HR normally runs 90s but can go up to 120s on clinic visits. SHE has white coat HTN BP at; This is a request for a CT scan for evaluation of coronary calcification.	1

Cardiology	Disapproval	75572 CT Heart	Radiology Services Denied Not Medically Necessary	; 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	1
Cardiology	Disapproval	75572 CT Heart	Radiology Services Denied Not Medically Necessary	This is a request for a Heart CT.	2
Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	Chest discomfort in the patient at low to intermediate risk for having 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 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?; No, patient does not have new onset congestive heart failure.; Steven W Burdge, a 28 y.o. male presents to	1
Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery.	1

Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	1
Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	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.; Abnormal	1
Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	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	1
Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	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	1
Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	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.; Positive	1
Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	No, patient did not have a Nuclear Cardiology study within the past six months.; None of the above.; screening	1
Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	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.;	1
Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	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.; IMPRESSION AND PLAN	

Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	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)?; Stress Interpretation 	
Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; Chest pain and Palpitations.	1
Cardiology	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	This request is for a Coronary CT Angiography study.; Yes, patient had a Nuclear Cardiology study within the past six months.; Precordial chest pain	
Cardiology	Disapproval	75635 CTA AA&BI ILIOFEM LXTR RS&I C- /C+ POST-PXESSING	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	4
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	# Angina (I20.9): < Enter answer here - or Type In Unknown If No Info Given. >; 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	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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 < Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	shortness of breath.; There is known coronary artery	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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 >; It is not known if there has 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 < 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.; about 3 weeks ago; There has not been any < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 08/28/17; There has not been any treatment or conservative therapy.; carotid stenosis, arm pain, left sided stabbing chest pain, jaw numbness, syncope, 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 < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; two years; There has not been any treatment or conservative therapy.; chest pain, shortness of	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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.; about 3 weeks ago; There has not been any < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 08/28/17; There has not been any treatment or conservative therapy.; carotid stenosis, arm pain, left sided stabbing chest pain, jaw numbness, syncope, 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 < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; two years; There has not been any treatment or conservative therapy.; chest pain, shortness of	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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.; about 3 weeks ago; There has not been any < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 08/28/17; There has not been any treatment or conservative therapy.; carotid stenosis, arm pain, left sided stabbing chest pain, jaw numbness, syncope, 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 < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; two years; There has not been any treatment or conservative therapy.; chest pain, shortness of	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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.; about 3 weeks ago; There has not been any < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 08/28/17; There has not been any treatment or conservative therapy.; carotid stenosis, arm pain, left sided stabbing chest pain, jaw numbness, syncope, 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 < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; two years; There has not been any treatment or conservative therapy.; chest pain, shortness of	1

Cardiology	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).; 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	1
Cardiology	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 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	1
Cardiology	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 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	1
Cardiology	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 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	4

Cardiology	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 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	1
Cardiology	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 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	1
Cardiology	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 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	1
Cardiology	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 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	2
Cardiology	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	1

Cardiology	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 requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; 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;	1
Cardiology	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 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;	1
Cardiology	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 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;	1
Cardiology	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 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;	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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 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 ; This study is being ordered for something other than:	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; 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 ; This study is being ordered for Vascular Disease.; FEW MONTHS AGO; There has not been any treatment or conservative therapy.; Brian Poole is 47 years old. He is here at the request of Derainey Smith, APN for consultation and diagnostic testing, as needed, due to an 8 month history of intermittent episodes of chest pain that occurs at random and sometimes comes with exertion. So; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or ; This study is being ordered for Vascular Disease.; Pt has had on going cardiac issues that are not date specified.; There has been treatment or conservative therapy.; Pt has known CAD with new onset of chest pain. RBBB and HTN, hyperlipidemia; Pt is on max medical therapy for heart disease.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>; This study is being ordered for Vascular Disease.; STARTED IN THE LAST FEW MONTHS; There has been treatment or conservative therapy.; Tracey Ann Brozovich is a 62 year old lady with a prior history of aortic valve replacement. She presents for routine followup. The patient has been having episodes of chest pain and notices it more when she has stress in her life; this causes some burnin; PT HAS BEEN TRIED ON OMEPRAZOLE IN THE PAST FOR CHEST PAIN; One of the studies being ordered is NOT a Breast MRI, CT</p> <p>A 62 year-old lady with a known history of coronary artery disease, hypertension, and hyperlipidemia who returns to clinic with chest pain. At this time we are going to request myocardial perfusion study for further evaluation; 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</p> <p>A 64-year-old gentleman with a history of coronary artery disease and sick sinus syndrome with pacemaker in place returned to clinic for the evaluation of the chest pain which is retrosternal chest pain radiating to both arms associated with shortness of ; 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.;</p> <p>There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of</p>	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>A 64-year-old gentleman with a history of coronary artery disease and sick sinus syndrome with pacemaker in place returned to clinic for the evaluation of the chest pain which is retrosternal chest pain radiating to both arms associated with shortness of ; 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.;</p> <p>There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of</p>	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of</p>	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	ANGINA I20.9 SOB R06.02 PALPS R002, HEART MURMUR R01.1; 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.; PT IS HAVING ANGINA, SOB, PALPITATIONS. PT NOTED TO HAVE A HEART MURMUR AT APPT TODAY; It is not known if there has been any treatment or conservative therapy.; ANGINA I20.9 SOB R06.02 PALPS R002, HEART MURMUR R01.1; One of the studies being ordered is NOT a	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	atherosclerosis of native coronary artery of native heart without angina pectoris, hyperlipidemia, unspecified hyperlipidemia type	
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	atypical cervical glandular cells, family history of early coronary artery disease, hyperlipidemia, unspecified hyperlipidemia type, hypertension, shortness of breath on exertion.	
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Atypical chest pain. Cannot exercise due Chronic low back pain	
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	chest pain with heaviness mid sternal; 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	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	chest pain, shortness of breath; 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 Chest pain, unspecified; 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 chest pain; The patient's age is between 45 and 64.; 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	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	The study is requested for suspected coronary artery chest pain; The patient's age is between 45 and 64.; 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	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	chest tightness, chest pain, unspecified, shortness of breath with and without exertion, heart palpitations, hyperlipidemia	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Comes in for further evaluation of her recent onset of left precordial chest discomfort which is dull in nature and lasting for few minutes or so does not radiate and accompany with SOB on exertion. Also c/o palpitations on and off with no syncope. Has h/; 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	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Coronary artery disease involving native coronary artery of native heart without angina; 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 cp, dyspnea, hypertension, diabetic, hyperlipidemia, family history of 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 cp, obesity, hyperlipidemia, smoker, hypertension, abn ekg, strong family history of cad; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors;	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	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 cp, obesity, hyperlipidemia, smoker, hypertension, abn ekg, strong family history of cad; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors;	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	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 Diabetes, SOB, fatigue, hyperlipidemia and hypertension; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/23/2017; There has not been any treatment or conservative therapy.;	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Heart Murmur (undiagnosed by diabetic md); One of the studies being ordered is NOT a Breast MRI, CT	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No In Anginal equivalent symptoms in a patient with moderate pretest probability for coronary artery disease. Enter answer here - or Type In Unknown If No Info Given He has the chest tightness, fatigue and dizziness along w/occasional BLE edema.; This study is 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	
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Episodes chest pressure, right precordial, lasting few minutes, at rest, no radiation, no associated dyspnea, and feels dyspnea and fatigue...lack enery..she at times body quivering; 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	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Given that the patient is having this chest pain with exertion and is having some components of typical and atypical chest pain, that along with her age, she is at low to moderate risk for coronary artery disease.; 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	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Had a CT angiography for unrelated cardiac issues. She was found to have significant disease they told her especially of the left anterior descending. There is no stress echos done within 60 mile radius.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; 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) HEP C and chronic pain. Pt has had ankle, and neck 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.; 8/01/2017; There has not been any treatment	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/01/2017; There has not been any treatment	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	He's had neurosyphilis	
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Hypertensive heart disease without heart failure	

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Last feww weeks, episodes chest pressure, ie angina lasting few minutes, at rest and exercise, daily episodes, not using NTG, associated dyspnea, having cough..went to visit Dr vermont...still smoking. abnormal ekg. and abnormal stress echo.; 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	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	LE EDEMA  Mr. Bee Vang is a very pleasant 55-year-old Laotian gentleman with recently diagnosed diabetes, hypertension and dyslipidemia, and was started on metformin and atenolol. Patient has also been having some intermittent chest pain which he describes as inter; 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	
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Mr. Henson is a 53 year old white male who presents to clinic today with complaints of worsening claudication in his R thigh, associated with numbness. Neuropathy vs circulation? He has plans to be evaluated by neurology in case this is neuropathy. Will d; 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	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Mrs Sanders is here today for echo results. She states that she has continued to have intermittent cp. Currently 4 on 1 - 10 scale. She denies nausea but states that she is a little SOB. Her eyes are bulging today however she states that she was born like this; 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 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.; c/o chest pain with SOB and diaphoresis while sitting in doctor Cedeno's office for post op office visit s/p hernia repair under general anesthesia-pt was sent to ER for chest pain work up at that time. also has sinus bradycardia. today was 54 and in surg; There has not been any treatment or conservative therapy.; chest pain, SOB, diaphoresis, sinus bradycardia; One of the studies being ordered is new onset atrial fibrillation, dyspnea on exertion, hypertension, increased CHADS score, diabetes.; 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	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Mrs Sanders is here today for echo results. She states that she has continued to have intermittent cp. Currently 4 on 1 - 10 scale. She denies nausea but states that she is a little SOB. Her eyes are bulging today however she states that she was born like this; 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 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.; c/o chest pain with SOB and diaphoresis while sitting in doctor Cedeno's office for post op office visit s/p hernia repair under general anesthesia-pt was sent to ER for chest pain work up at that time. also has sinus bradycardia. today was 54 and in surg; There has not been any treatment or conservative therapy.; chest pain, SOB, diaphoresis, sinus bradycardia; One of the studies being ordered is new onset atrial fibrillation, dyspnea on exertion, hypertension, increased CHADS score, diabetes.; 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	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Mrs Sanders is here today for echo results. She states that she has continued to have intermittent cp. Currently 4 on 1 - 10 scale. She denies nausea but states that she is a little SOB. Her eyes are bulging today however she states that she was born like this; 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	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	New patient referred DR Michelle Boone, MD, one month history tachycardia, associated dyspnea with exercise and chest pain, , mid precordium, no radiation, lasting few minutes, no associated syncope...; 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 No stress echos done within 60 mile radius. . At this point, I would recommend that we go forward with the stress echo and Holter monitor. Look at his risk factor profile also get a risk assessment. Have the patient follow-up after these tests continue cu; 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 none given; 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 None; 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 none; 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	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		2
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>Patient has known CAD with new onset of chest pain and SOB.; 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 with angioplasty to RCA in 2011. She has hypertension and dyslipidemia. she has diastolic dysfunction, with chest pain lasting 5-10 min. nuclear was order because pt has history of fractured right ;</p> <p>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. Suspected CAD. Unable to walk on TM; 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</p>	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>Patient has past medical history of coronary artery disease with angioplasty to RCA in 2011. She has hypertension and dyslipidemia. she has diastolic dysfunction, with chest pain lasting 5-10 min. nuclear was order because pt has history of fractured right ;</p> <p>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. Suspected CAD. Unable to walk on TM; 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</p>	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>Patient has known CAD with new onset of chest pain and SOB.; 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 with angioplasty to RCA in 2011. She has hypertension and dyslipidemia. she has diastolic dysfunction, with chest pain lasting 5-10 min. nuclear was order because pt has history of fractured right ;</p> <p>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. Suspected CAD. Unable to walk on TM; 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</p>	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>Patient having CP, SOB, Dyspnea on Exertion, DMII. No stress echos done within 60 mile radius. Patient only able to slow walk so unable to walk on the treadmill with incline due to dyspnea on exertion.; 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</p> <p>Patient is being evaluated for transient ischemic attack and is having chest pain. Abnormal EKG and HTN.; 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 patient reports chest pain, increasing shortness of breath and fatigue. EKG done in office showed cardiac arrhythmia, therefore stress testing is needed to determine cause and treatment options.; 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</p>	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>Patient having CP, SOB, Dyspnea on Exertion, DMII. No stress echos done within 60 mile radius. Patient only able to slow walk so unable to walk on the treadmill with incline due to dyspnea on exertion.; 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</p> <p>Patient is being evaluated for transient ischemic attack and is having chest pain. Abnormal EKG and HTN.; 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 patient reports chest pain, increasing shortness of breath and fatigue. EKG done in office showed cardiac arrhythmia, therefore stress testing is needed to determine cause and treatment options.; 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</p>	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>Patient having CP, SOB, Dyspnea on Exertion, DMII. No stress echos done within 60 mile radius. Patient only able to slow walk so unable to walk on the treadmill with incline due to dyspnea on exertion.; 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</p> <p>Patient is being evaluated for transient ischemic attack and is having chest pain. Abnormal EKG and HTN.; 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 patient reports chest pain, increasing shortness of breath and fatigue. EKG done in office showed cardiac arrhythmia, therefore stress testing is needed to determine cause and treatment options.; 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</p>	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>Patient was in the ER for transient ischemic attack. She is still having recurrent angina. There are no stress echos down within 60 miles radius.; 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</p> <p>Pt has chest pain, shortness of breath, CAD, family history of heart disease, Date of cardiac cath: 8/11/16 Totally occluded RCA 08/13/2015- CAD CTO RCA - DES x 4.story of heart disease,hypertension, and Hyperlipidemia; 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</p> <p>Pt has HTN, diabetes, chest pain, shortness of breath, history of IDDM, family history of MI, former smoker.; 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</p>	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>Pt has HTN, diabetes, chest pain, shortness of breath, history of IDDM, family history of MI, former smoker.; 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</p>	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>Pt has HTN, diabetes, chest pain, shortness of breath, history of IDDM, family history of MI, former smoker.; 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</p>	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Pt has mulit cardiac risk factors including high BMI,hyperlipidemia and hypertension.; 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 Pt needs to have Nuc and Echo to view heart and function; This study is being ordered for Vascular Disease.; He reports the following symptoms: chest pain, palpitations. He denies dyspnea, irregular heart beats, syncope, fatigue, orthopnea, paroxysmal nocturnal dyspnea, exertional chest pressure/discomfort, claudication, lower extremity edema, tachypnea.; There has been treatment or conservative therapy.; He reports the following symptoms: chest pain, palpitations. He denies	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	dyspnea, irregular heart beats, syncope, fatigue, orthopnea, paroxysmal nocturnal dyspnea, exertional chest pressure/discomfort, claudication, lower extremity edema, tachypnea.; Pt treted for HTN and Pt presented to ER with chest pain. Despite continuing chest pain enzymes remain negative; 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 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.; 7/20/2017; There has not been any treatment	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	R/O dissection; This study is 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.; chest pain, neck pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Reason for Appointment  Referred for cardiac evaluation. s/p recent RLE bypass and is scheduled for LLE bypass. Chronic dyspnea on exertion, mild, attributed to smoking, improves with rest. Main limitation is claudication. Cannot walk treadmill as a result.; 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 Referred for chest pain. Last week had a pain in her shoulder blade which radiated into her left arm and anterior left chest pain. 6/10 intensity, lasted 6-7 minutes, resolved spontaneously. Started when backing bus into parking spot. h/o stress test in 2; 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	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		1

Cardiology	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 study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the	2
Cardiology	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 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	1
Cardiology	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 study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have	1
Cardiology	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 study is requested for evaluation of the heart prior to non cardiac surgery.	6
Cardiology	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 study is requested for known or suspected valve disorders.	12
Cardiology	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 study is requested to evaluate a suspected cardiac mass. treadmill stress test attempted not able to complete due to onset of chest pain.; 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.;	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	The study is requested for congestive heart failure.;	
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of	1

Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	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 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.; 05/17/2017; There has been treatment or conservative therapy.; Aching pains in his chest with exertion that eases at rest, non radiating SOB on 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 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 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.; Yes, the patient has symptoms including chest tightness, angina and/or	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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.; 05/17/2017; There has been treatment or conservative therapy.; Aching pains in his chest with exertion that eases at rest, non radiating SOB on 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	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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 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 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.; Yes, the patient has symptoms including chest tightness, angina and/or	1
Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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 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 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.; Yes, the patient has symptoms including chest tightness, angina and/or	1
Cardiology	Disapproval	78459 Myocardial imaging, PET	Radiology Services Denied Not Medically Necessary	< 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	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary		1

Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; July 19th; There has not been any treatment or conservative therapy.; < Describe primary	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; two years; There has not been any treatment or conservative therapy.; chest pain, shortness of ; This study is being ordered for something other than:	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; Abnormal EKG, R/O CAD; This study is being ordered for Vascular Disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; Chest HEP C and chronic pain. Pt has had ankle, and neck surgery; This study is being ordered for something other than: known trauma or injury, metastatic	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/01/2017; There has not been any treatment HYPERTENSION , DIZZINESS, DYSPNIA ,LEG CRAMPS , LOW ENERGY; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; AUG 18 2017; There has not been any treatment or conservative therapy.; PAIN;	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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	1

Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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.; 08/14/2017; There has not been any treatment or conservative therapy.; Angina, CAD history, Hypertension disorder,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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.; 08/17/2017; There has not been any treatment or conservative therapy.; Chest pain, hypertension disorder, hyperlipidemia, EKG of 96; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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	6
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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 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	1

Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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 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 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	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) 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	4
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) 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	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) 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	4

Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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 Evaluation of Cardiac Valves.; This is an annual review of known valve	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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 Evaluation of Cardiac	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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 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,	2
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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 Evaluation of Heart Failure; It is unknown if there been a change in clinical status	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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 Evaluation of Heart Failure; There has been a change in clinical status since the last	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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 Evaluation of Heart Failure; This a request for an echocardiogram.; This is a	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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 Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a	2
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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 Evaluation of Left Ventricular Function.; The patient does not have a history of a	11

Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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 Evaluation of Left Ventricular Function.; The patient has a history of hypertensive	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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 Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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.; 07/19/2017; There has not been any treatment or conservative therapy.; Chest Pain	1
Cardiology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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; There has not been any treatment or conservative therapy.; Chest pain and Shortness of Breath	1
Cardiology	Disapproval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	Radiology Services Denied Not Medically Necessary	< 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.	1
Cardiology	Disapproval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; It is unknown why this study is being requested.	1

Cardiology	Disapproval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	Radiology Services Denied Not Medically Necessary	PT HAVING CHEST PAINS, WITH TIGHTNESS, SHORTNESS OF BREATH, AND HAD AN ABNORMAL EKG VON WILLERBRAND, HYPERLIPIDEMIA, DM, HTN; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; STARTING IN MAY 2017 PT HAVING CHEST PAINS, WITH TIGHTNESS, SHORTNESS OF BREATH, AND HAD AN ABNORMAL EKG; There has not been any treatment or conservative therapy.; PT HAVING CHEST PAINS, WITH TIGHTNESS, SHORTNESS OF BREATH, AND HAD AN ABNORMAL EKG < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; July 19th; There has not been any treatment or conservative therapy.; < Describe primary Follow up Stress Echo to re-access re-stenosis after PCI; 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 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 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	1
Cardiology	Disapproval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	Radiology Services Denied Not Medically Necessary		1
Cardiology	Disapproval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	Radiology Services Denied Not Medically Necessary		1
Cardiology	Disapproval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	Radiology Services Denied Not Medically Necessary		2
Chiropractic Medicine	Approval	70450 CT BRAIN, HEAD			1

Chiropractic Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	8/1/17 neurological exam performed d/t patients history of a head trauma. Patient states he has difficulty lifting arms and they feel paralyzed when trying to lift to the side. Patient has pain in both shoulders with right side being worse. Patient has ; This study is being ordered for a neurological disorder.; UNKNOWN; There has been treatment or conservative therapy.; decreased reflex response in left side, decreased/absence of reflex responses on right side extremities. inability to resist downward pressure of right abduction. Left side is weak, right side is weaker. cannot distinguish sharp sensory perception.; Hospitalization, physical therapy, at home physical therapy, chiropractic,	1
Chiropractic 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 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 trauma or acute injury within 72 hours.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting The patient does have 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.; The patient is not experiencing or presenting abnormal gait, lower extremity weakness, asymmetric reflexes, recent fracture, or radiculopathy.;	1
Chiropractic Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		1
Chiropractic Medicine	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST		1

Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	8/1/17 neurological exam performed d/t patients history of a head trauma. Patient states he has difficulty lifting arms and they feel paralyzed when trying to lift to the side. Patient has pain in both shoulders with right side being worse. Patient has ; This study is being ordered for a neurological disorder.; UNKNOWN; There has been treatment or conservative therapy.; decreased reflex response in left side, decreased/absence of reflex responses on right side extremities. inability to resist downward pressure of right abduction. Left side is weak, right side is weaker. cannot distinguish sharp sensory perception.; Hospitalization, physical therapy, at home physical therapy, chiropractic,	1
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Duration of Symptoms:	Start: 07/03/;

Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Progressive upper extremity diminished reflexes Severe pain at level 6 while taking oxycodone and gabapentin neurological deficits; 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.; Diminished C5/C6/C7 reflexes maxamal foraminal compression test positive bilateral Fascicalation UE bilateral Disminished Grip strength in hands bilateral muscle wasting in thenar aren bilateral Bakodys signs bilateral	1
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; "The patient is not being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; Known Tumor with or without metastasis; He has had conservative treatment for six weeks and still has issues, doctor thinks it is related to the tumors; No, the patient does not have new or changing neurological signs or symptoms. 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.	1
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		8

Chiropractic Medicine	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.	6
Chiropractic Medicine	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.	1
Chiropractic Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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	1
Chiropractic Medicine	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	2
Chiropractic Medicine	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 asymmetric reflexes.	1
Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	2

Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back	1
Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The Since previous request patient complaining of numbness and tingling in bilateral legs, left side seems to be worse. Patient also has bilateral leg weakness. Low back pain has not changed in degree, still severe and constant. MRI need to rule out nerve im; 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	1
Chiropractic 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 have new or changing neurologic signs or symptoms.; The patient	1
Chiropractic 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	1
Chiropractic 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.; This procedure is being requested for Neurologic deficits	1
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 6 weeks of completed conservative care in the past 3	30
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 an Abnormal nerve study involving the lumbar spine	1

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 an Abnormal x-ray indicating a significant abnormality	1
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 Neurological deficit(s) tingling in lower extremities, worse than a cramping in 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.;	7
Chiropractic Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of	1
Chiropractic Medicine	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The lumbar and pelvic pain. pain is at a level 8; One of the studies being ordered is a Breast MRI, CT Colonoscopy,	1
Chiropractic Medicine	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for	1
Chiropractic Medicine	Approval	72196 MRI PELVIS	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	1
Chiropractic Medicine	Approval	73200 CT ARM OR UPPER EXTREMITY		1
Chiropractic Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< 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.;	1
Chiropractic Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	June 14th; There has been treatment or 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	1

Chiropractic Medicine	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	2
Chiropractic Medicine	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	8
Chiropractic 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 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	1
Chiropractic Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	1
Chiropractic Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Limited range of motion	1
Chiropractic Medicine	Approval	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 not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes,	1
Chiropractic Medicine	Approval	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 not 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; There is no symptom of	1

Chiropractic Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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 not an orthopedist.; Pre-operative	1
Chiropractic Medicine	Approval	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 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-	1
Chiropractic Medicine	Approval	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	2
Chiropractic Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 steriod 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	1
Chiropractic Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 steriod therapy (Prednisone or Cortisone).; The	1
Chiropractic Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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	1

Chiropractic Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST		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 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) Pt having stiffness and pain in the back and neck and between shoulders; 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 < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; BYPASSED-	1
Chiropractic Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST		between shoulders; 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 < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; BYPASSED-	1
Chiropractic Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Given. >; This study is being ordered for trauma or injury.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; BYPASSED-	1
Chiropractic Medicine	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; Yes, the patient demonstrate neurological deficits.; yes, there is a < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; BYPASSED-	1
Chiropractic Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Given. >; This study is being ordered for trauma or injury.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; BYPASSED-	1
Chiropractic Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Given. >; 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 < Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The	1
Chiropractic Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Chiropractic Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Chiropractic Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; BYPASSED-; 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 ; 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.; Due to the low back pain, spasm, swelling and radicular symptoms it is possible the patient has a lumbar disc issue. If objective and subjective signs do not improve promptly, I will refer to the patient's primary care doctor or order an MRI of the lumbar; The patient does not have new signs or symptoms of lumbar and pelvic pain. pain is at a level 8; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Chiropractic Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had two weeks of consecutive treatment. She is not having any signs of improvement. MRI needed to rule of nerve impingement or disc bulge.; 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 x-ray at primary MD office show narrowing at the disk space and end plate sclerosis , treated at the ER, Patient was on pain medication has not helped.; 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.;	1
Chiropractic Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has had back pain for over 4 weeks.; The	1

				< 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.; June 14th; There has been treatment or pt had original onset of foot pain in march 2017 after falling...had another injury june 2017 which caused more pain...now the entire bottom of foot is numb and starting to go up sides; This study is being ordered for trauma or injury.; March 2017; There has been	
Chiropractic Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Wanda continues to have constant, severe pain in her left knee following ten weeks of conservative treatment.; 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,supsected tumor or Aseptic Necrosis; Pain greater than 3 days; Yes, patient has completed and failed a course of conservative treatment.; There is	1
Chiropractic Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary		2
Chiropractic Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary		1
Chiropractic Medicine	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		Chief Complaint/HPI "The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ; 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	
Colon & Rectal Surgery	Approval			Chief Complaint/HPI "The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ; 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	
Colon & Rectal Surgery	Approval	71250 CT CHEST, THORAX			1
Colon & Rectal Surgery	Approval	71250 CT CHEST, THORAX			1
Colon & Rectal Surgery	Approval	71250 CT CHEST,		Chief Complaint/HPI	

Colon & Rectal Surgery	Approval	71250 CT CHEST, THORAX	Exams being ordered by Surgery Oncologist for restaging of Cancer and follow up of portal vein thrombus.; 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 hx 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 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.; None; It is not known if there has been any treatment Pt has Hx of colon cancer; this is for 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	1
Colon & Rectal Surgery	Approval	71250 CT CHEST, THORAX	Exams being ordered by Surgery Oncologist for restaging of Cancer and follow up of portal vein thrombus.; 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 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.; None; It is not known if there has been any treatment Pt has Hx of colon cancer; this is for 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	1
Colon & Rectal Surgery	Approval	71250 CT CHEST, THORAX	Exams being ordered by Surgery Oncologist for restaging of Cancer and follow up of portal vein thrombus.; 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 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.; None; It is not known if there has been any treatment Pt has Hx of colon cancer; this is for 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	1
Colon & Rectal Surgery	Approval	71250 CT CHEST, THORAX	Exams being ordered by Surgery Oncologist for restaging of Cancer and follow up of portal vein thrombus.; 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 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.; None; It is not known if there has been any treatment Pt has Hx of colon cancer; this is for 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	1
Colon & Rectal Surgery	Approval	71250 CT CHEST, THORAX	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Colon & Rectal Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Colon & Rectal Surgery	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.	2
Colon & Rectal Surgery	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic	2
Colon & Rectal Surgery	Approval	72196 MRI 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been ; 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	1
Colon & Rectal Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Exams being ordered by Surgery Oncologist for restaging of Cancer and follow up of portal vein thrombus.; 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	1
Colon & Rectal Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

Colon & Rectal Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	hx 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 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.;	1
Colon & Rectal Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	None; It is not known if there has been any treatment	1
Colon & Rectal Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt has Hx of colon cancer; this is for 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 physician is not a hematologist/ oncologist. 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	1
Colon & Rectal Surgery	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 requested by a surgeon, specialist or PCP on behalf of a specialist who has seen	4
Colon & Rectal Surgery	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; <Enter Additional	2
Colon & Rectal Surgery	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; incisional hernia; Yes	1

Colon & Rectal Surgery	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	3
Colon & Rectal Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1
Colon & Rectal Surgery	Approval	74176 CT ABD & PELVIS W/O 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Colon & Rectal Surgery	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 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.	1

Colon & Rectal Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	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	1
Colon & Rectal Surgery	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 initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Colo-rectal Cancer.; 1 PET Scans < Enter answer here - or Type In Unknown If No Info Given. >; 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 malingancy screening in patient with new onset dermatomyositis and 75 lb weightloss; 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 malingancy screening in patient with new onset dermatomyositis and 75 lb weightloss; 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	1
Dermatology	Approval	70450 CT BRAIN, HEAD			1
Dermatology	Approval	71250 CT CHEST, THORAX			1
Dermatology	Approval	74176 CT ABD & PELVIS W/O CONTRAST			1
Dermatology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		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	1

Dermatology	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 Melanoma.; This is NOT for evaluation of regional lymph nodes.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Dermatology	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 ; This study is being ordered for Congenital Anomaly.; ; 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	1
Doctors and Rehabilitation	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	1
Doctors and Rehabilitation	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,	1
Doctors and Rehabilitation	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 recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	1

Doctors and Rehabilitation	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; The ordering physician a is NOT a Surgeon, Pulmonologist, or Cardiologist.; 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	1
Doctors and Rehabilitation	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO 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	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;;	1
Doctors and Rehabilitation	Approval	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.	1
Doctors and Rehabilitation	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	1
Doctors and Rehabilitation	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	5
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;;	1

Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>; This study is 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, ibuprofen, 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</p>	1
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>; This study is 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</p>	1
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>; This study is 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</p>	1
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>; This study is 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</p>	1

Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>; This study is 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; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>; This study is 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 not been any treatment or conservative therapy.; neck and mid to lower back pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted</p>	1
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;</p>	3
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>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.;</p>	1

Doctors and Rehabilitation	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.; It is not known if this patient had a recent course of supervised physical Therapy.	4
Doctors and Rehabilitation	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.; It is not known if this patient had a recent course of supervised physical Therapy.	1
Doctors and Rehabilitation	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.	9

Doctors and Rehabilitation	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.	1
Doctors and Rehabilitation	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.	14
Doctors and Rehabilitation	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.	3
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; motor vehicle accident on 7/1/2017, started PT on 7/7/2017 and pain started after; 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.;	1
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; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	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.	6
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 Umknown; This study is being ordered for a neurological disorder.; 5/10/2017; There has been treatment or conservative therapy.; aches, pain, numbness and tingling, weakness in lower extremity, decreased range of motion, joint pain,; Pain meds, PT , Anti-inflammatory	22
Doctors and Rehabilitation	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for Congenital Anomaly.; ; 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	1
Doctors and Rehabilitation	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER 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.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy,	1
Doctors and Rehabilitation	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		1

Doctors and Rehabilitation	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	72146 MRI THORACIC SPINE CHEST SPINE UPPER 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.; gradually over time; There has not been any treatment or conservative therapy.; neck and mid to 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
Doctors and Rehabilitation	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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.;	1
Doctors and Rehabilitation	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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.; 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.;	1
Doctors and Rehabilitation	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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.; 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.; Several years progressive mid back pain. He has previously completed physical therapy, taking NSAIDs and a home exercise program with unfortunately limited relief.	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 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.	1
Doctors and Rehabilitation	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.; 1. Low back pain - Mrs. Crawford presents for evaluation of many years low back pain radiating into the left leg. She has a history of a neurofibroma resection with Dr. Reding. She has tried multiple conservative treatments including physical therapy, chi; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Doctors and Rehabilitation	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.; 1. Neck pain - Mr. Giddens presents for follow-up evaluation of neck and lower extremity pain. He is here for medication refill today. We rotated to oxycodone at the last office visit.	

Doctors and Rehabilitation	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.; The patient is experiencing or	1
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.	6
Doctors and Rehabilitation	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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.;	1
Doctors and Rehabilitation	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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.;	1
Doctors and Rehabilitation	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	For pre-surgical planning of spinal cord stimulator to insure lead placement is safe in the thoracic spine I would recommend a thoracic MRI.	1
Doctors and Rehabilitation	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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	1
Doctors and Rehabilitation	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 asymmetric reflexes.	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back	1

Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The	1
Doctors and Rehabilitation	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.; patient c/o 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.	1
Doctors and Rehabilitation	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 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

Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>; This study is 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, ibuprofen, 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</p>	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>; This study is 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</p>	1
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>; This study is 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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	3

Doctors and Rehabilitation	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.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, physical therapy	1
Doctors and Rehabilitation	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.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower 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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	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.; gradually over time; There has not been any treatment or conservative therapy.; neck and mid to 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

Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;	3
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW 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, 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	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	PATIENT SAT UP IN THE BED AND TWISTED HIS BACK.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has	1
Doctors and Rehabilitation	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	1
Doctors and Rehabilitation	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.; This procedure is being requested for Neurologic deficits	2
Doctors and Rehabilitation	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	130
Doctors and Rehabilitation	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 x-ray indicating a significant abnormality	4
Doctors and Rehabilitation	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 completed Treatment with a facet joint or epidural	2

Doctors and Rehabilitation	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)	7
Doctors and Rehabilitation	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Umknown; This study is being ordered for a neurological disorder.; 5/10/2017; There has been treatment or conservative therapy.; aches, pain, numbness and tingling, weakness in 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.; gradually over time; There has been treatment or conservative therapy.; back, left hip and left shoulder pain; muscle relaxer; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET	1
Doctors and Rehabilitation	Approval	73200 CT ARM OR UPPER EXTREMITY	The request is for an upper extremity non-joint MRI.;	1
Doctors and Rehabilitation	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	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 ; 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	1
Doctors and Rehabilitation	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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. ; numbness in hands, started	1
Doctors and Rehabilitation	Approval	73221 MRI JOINT OF UPPER EXTREMITY		1

Doctors and Rehabilitation	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 an orthopedist.	2
Doctors and Rehabilitation	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.	1
Doctors and Rehabilitation	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study is being ordered for known/suspected joint infection.; The plain	1
Doctors and Rehabilitation	Approval	73706 CT ANGIOGRAPHY LOWER	Yes, this is a request for CT Angiography of the lower extremity. patient uses cane and wears brace, has positive McMurray'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.; 10/28/2013; There has been treatment or conservative therapy.; pain, numbness and weakness	1
Doctors and Rehabilitation	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	2
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 not an orthopedist.; Non-acute Chronic Pain; Instability	1
Doctors and Rehabilitation	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		1

Doctors and Rehabilitation	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Doctors and Rehabilitation	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 steriod therapy (Prednisone or Cortisone).; The	1
Doctors and Rehabilitation	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1
Doctors and Rehabilitation	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 had an abnormal plain film study of the hip	2

Doctors and Rehabilitation	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		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 receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	1
Doctors and Rehabilitation	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 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 ocured more than 1 week ago.	1
Doctors and Rehabilitation	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO 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, arm, leg and back pain; pain medications, NSAIDs	1
Doctors and Rehabilitation	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	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.	1

Doctors and Rehabilitation	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO 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.; mid to lower 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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	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.; back, left hip and left shoulder pain; 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	1

Doctors and Rehabilitation	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	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.; mid to lower 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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	1
Doctors and Rehabilitation	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	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 < 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.; 02/01/2017; There has been treatment or	1
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE 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. ; 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	1
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Doctors and Rehabilitation	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 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	1
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; NSAIDs, pain medications	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 a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid to	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; NSAIDs, muscle relaxers	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; OTC meds, 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	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; pain medication, NSAIDs	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; pain medication, NSAIDs, muscle relaxers, lumbar surgery 1/3/2013; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	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; pain medication, NSAIDs, physical therapy	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; 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	2
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 not 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	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 not been any treatment or conservative therapy.; neck and mid back pain	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 trauma or injury.; ; There has been treatment or conservative therapy.;	3
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 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	1
Doctors and Rehabilitation	Disapproval	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; 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	1
Doctors and Rehabilitation	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for trauma or injury.; 06/20/2017; There has been treatment or conservative therapy.; pt is having numbness in arms and hands with weakness; Medication 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	1

				Palpation of lumbar facet reveals right side pain at L3-S1. There is pain noted over the lumbar intervertebral spaces (discs) on palpation. Palpation of the bilateral sacroiliac joint area reveals right and left side pain. Anterior flexion of lumbar spine; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital	
Doctors and Rehabilitation	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; Yes, the patient demonstrate neurological deficits.; yes, there is a	1
Doctors and Rehabilitation	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 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	1
Doctors and Rehabilitation	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 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	2
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 a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, NSAIDs, muscle relaxer	1
Doctors and Rehabilitation	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER 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.;	1
Doctors and Rehabilitation	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	gradually over time; There has been treatment or	1

Doctors and Rehabilitation	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER 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.; 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	1
Doctors and Rehabilitation	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER 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.; gradually over time; There has not been any treatment or conservative therapy.; neck and mid back pain	1
Doctors and Rehabilitation	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	4
Doctors and Rehabilitation	Disapproval	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.; 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.	2

Doctors and Rehabilitation	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is needing further evaluation due to the increased pain the patient is experiencing. The patient is also possibly a good candidate for injections, and or other pain management options since the consecutive oral medication therapy is not doing much; This study is being ordered for a neurological disorder.; 09/27/2016; There has been treatment or conservative therapy.; Patient is experiencing increased pain, along with radiculopathy down both legs making it difficult for the patient to walk.; Physical therapy.	
Doctors and Rehabilitation	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.	1
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; 02/01/2017; There has been treatment or	1
Doctors and Rehabilitation	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.	1

Doctors and Rehabilitation	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	2
Doctors and Rehabilitation	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 has acute or chronic back pain.; The patient has none of the above	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 a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and back	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 a neurological disorder.; gradually over time; There has been treatment or conservative therapy.; neck and mid to lower back pain; pain medication, NSAIDs, muscle relaxer	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.; gradually over time; There has been treatment or	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.; gradually over time; There has been treatment or	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.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; OTC meds, NSAIDs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or ; This study is 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	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.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs, muscle relaxers, lumbar surgery 1/3/2013; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	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.; gradually over time; There has been treatment or conservative therapy.; neck and back pain; pain medication, NSAIDs, physical therapy	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.; 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 MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology	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.; gradually over time; There has not 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	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 trauma or injury.; ; There has been treatment or conservative therapy.; ; back pain with no relief from medication, x ray is normal; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	2
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Doctors and Rehabilitation	Disapproval	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.; 06/20/2017; There has been treatment or conservative therapy.; pt is having numbness in arms and hands with weakness; Medication 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 Palpation of lumbar facet reveals right side pain at L3-S1. There is pain noted over the lumbar intervertebral spaces (discs) on palpation. Palpation of the bilateral sacroiliac joint area reveals right and left side pain. Anterior flexion of lumbar spine; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital Patient is needing further evaluation due to the increased pain the patient is experiencing. The patient is also possibly a good candidate for injections, and or other pain management options since the consecutive oral medication therapy is not doing much; This study is being ordered for a neurological disorder.;	1
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	09/27/2016; There has been treatment or conservative therapy.; Patient is experiencing increased pain, along 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	1
Doctors and Rehabilitation	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 has acute or chronic back pain.; The patient has Neurological deficit(s)	3
Doctors and Rehabilitation	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Doctors and Rehabilitation	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 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 ; This study is 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.; back, left hip and left shoulder pain; muscle relaxer; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET	1
Doctors and Rehabilitation	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary		1
Doctors and Rehabilitation	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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 supsected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Pain greater than 3 days < Enter answer here - or Type In Unknown If No Info Given. >; 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 ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Emergency Medicine	Approval	70450 CT BRAIN, HEAD			1
Emergency Medicine	Approval	70450 CT BRAIN, HEAD			1

Emergency Medicine	Approval	70450 CT BRAIN, HEAD	concern for jaw fracture or facial bone fracture and or head bleed; This study is being ordered for trauma or injury.; 07/09/2017; There has not been any treatment or conservative therapy.; loss of consciousness, head patient was assaulted to the head and face, headaches, sleepiness, and nausea; 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 dizziness.; The patient had a recent onset (within 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 known or suspected brain tumor, mass or cancer.	1
Emergency Medicine	Approval	70450 CT BRAIN, HEAD	unknown; 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 ordered for trauma or injury.; 07/09/2017; There has not been any treatment or conservative therapy.; loss of consciousness, head	1
Emergency Medicine	Approval	70450 CT BRAIN, HEAD	This is a request for neck soft tissue CT.; This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to 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.; There is suspicion of or	1
Emergency Medicine	Approval	70450 CT BRAIN, HEAD	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1
Emergency Medicine	Approval	70450 CT BRAIN, HEAD		1
Emergency Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST		1
Emergency Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		1
Emergency Medicine	Approval	70544 Mr angiography head w/o dye		1

Emergency 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	4
Emergency 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 recent neurological deficits on exam such as one sided	1
Emergency Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This study is being ordered for a neurological disorder.; Unknown; There has not been any treatment or conservative therapy.; Headaches-BIL	1
Emergency Medicine	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	1
Emergency Medicine	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "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	1
Emergency Medicine	Approval	71250 CT CHEST, THORAX	< 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	1
Emergency Medicine	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes Patient has hx of recurrent pneumonia, pneumonia currently, cxr showed mass in right costophrenic angle, pt complains of pain in the area of mass; "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	2
Emergency Medicine	Approval	71250 CT CHEST, THORAX		1

Emergency Medicine	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography. 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 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 a reason	3
Emergency Medicine	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	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 ; 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.; WILL FAX RECORDS; The patient does not have new signs or symptoms of bladder or bowel	1
Emergency Medicine	Approval	72131 CT LUMBAR SPINE, LOW BACK	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	1
Emergency Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
Emergency Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		2

Emergency 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; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	1
Emergency Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Unknown; This study is being ordered for a neurological disorder.; Unknown; There has not been any treatment or conservative therapy.; Headaches-BIL	1
Emergency Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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 not completed 6	1
Emergency Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Chronic low back pain with left-sided sciatica, unspecified back pain laterality,	TTP of L spine
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	2
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	3
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 Neurological deficit(s)	2

Emergency Medicine	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	1
Emergency Medicine	Approval	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 not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue	1
Emergency Medicine	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.; The patient has a documented limited range of motion on physical examination.;	1
Emergency Medicine	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	2
Emergency Medicine	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 not completed and failed a course of conservative treatment of at least 4 weeks.; patient has right shoulder pain. they have increased pain with range of motion. they heard a pop when climbing on a combine	1
Emergency Medicine	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 not completed and failed a course of conservative treatment of at least 4 weeks.; Radiologist states	1

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	1
Emergency Medicine	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 completed 6 weeks	1
Emergency Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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 does not have a documented limitation of their range of motion.; The patient has not experienced	1
Emergency Medicine	Approval	73700 CT LEG OR LOWER EXTREMITY	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 not a suspected tarsal coalition.; 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	1
Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		1

Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Limited range of motion	1
Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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;	1
Emergency Medicine	Approval	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 not an orthopedist.;	1
Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Emergency Medicine	Approval	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	1

Emergency Medicine	Approval	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	1
Emergency Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Emergency Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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.	2
Emergency Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< 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	1
Emergency Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	mid center abdomen pain for one month, concern for inflammation and or infection, pain worsening this week with nausea and vomiting; 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-	1
Emergency Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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	1

Emergency Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	2
Emergency Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1
Emergency Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	8
Emergency Medicine	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 unexplained weight loss of greater than 10% body	1
Emergency Medicine	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	1
Emergency Medicine	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; r/o inguinal hernia,	1
Emergency Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	9
Emergency Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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; <Enter Additional clinical information	1

Emergency Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST		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.; This is the first visit for this complaint.; The patient did not have a	1
Emergency Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		The patient is diabetic.; The patient is less than 45 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology 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 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's age is between 45 and 64.; The patient has not had a	1
Emergency Medicine	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 documented clinical findings of hypertension.; 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	1
Emergency Medicine	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 Evaluation of Pulmonary	1
Emergency Medicine	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	further evaluation; This study is being ordered for a neurological disorder.; yesterday; There has not been any treatment or conservative therapy.; Slurred	1

Emergency Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	further evaluation; This study is being ordered for a neurological disorder.; yesterday; There has not been any treatment or conservative therapy.; Slurred 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 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	1
Emergency Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The lab results were 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	1
Emergency Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	sensation noted on exam.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The results of the lab < 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 ; This study is being ordered for follow-up to trauma.; "The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; This	1
Emergency Medicine	Disapproval	71250 CT CHEST, THORAX	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
Emergency Medicine	Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary		1
Emergency Medicine	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary		1

Emergency Medicine	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 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 WILL FAX RECORDS; 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.; It is not known if 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.; The patient	1
Emergency Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	once for these symptoms.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3	1
Emergency Medicine	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 has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality WILL FAX RECORDS; 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	1
Emergency Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	WILL FAX RECORDS; 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	1
Emergency Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Emergency Medicine	Disapproval	73700 CT LEG OR LOWER EXTREMITY 74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON	Radiology Services Denied Not Medically Necessary	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 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 has a documented limitation of their range of motion.; The	1
Emergency Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis. < Enter answer here - or Type In Unknown If No Info Given. >; 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.; The study is being ordered for chronic pain.; This is the first visit for this	1
Emergency Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	R/O 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 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 not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria,	1
Emergency Medicine	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary		1

Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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 ; The patient is not diabetic.; The patient is less than 45 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.; ; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion 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	1
Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		1
Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		1
Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		1

Emergency Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Complaining of chest pain, radiation to left shoulder, abnormal EKG, shows left atrial enlargement, left posterior fascicular block, also shows moderate ST depression.; 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	1
Emergency Medicine	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 study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have	1
Emergency Medicine	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 < Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Endocrinology	Approval	70450 CT BRAIN, HEAD		evaluate the extent of 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	1
Endocrinology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		I saw the patient for metastatic follicular thyroid cancer. She was diagnosed 4/15 after she presented with right lower extremity pain. X-ray of the right knee showed a lytic lesion distal Femoral. Chest x-ray showed a 2.7 centimeter mass in the right low; 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 physician is a hematologist/ oncologist.; The	1
Endocrinology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST			1

Endocrinology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	I saw the patient for papillary thyroid carcinoma first surgery 5/15, recurrence with fine needle aspiration 1/16 left level 4 And right level 2 positive for papillary. Bilateral neck dissection 2/16 showed right level 6 -22 lymph nodes positive, left lev; One of the studies being labs are elevated, great concern; 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 physician is not 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	1
Endocrinology	Approval	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 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1
Endocrinology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO 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; 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	4
Endocrinology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		1
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1

Endocrinology	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	1
Endocrinology	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; 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	1
Endocrinology	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 recent neurological symptoms or deficits	1
Endocrinology	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	2
Endocrinology	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 recent neurological deficits on exam such as one sided	3
Endocrinology	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 had a thunderclap headache or worst headache of the	1

Endocrinology	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 associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have 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	4
Endocrinology	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 associated with headache, blurred or double vision or a change in 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	2
Endocrinology	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 associated with headache, blurred or double vision or a change in 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	1
Endocrinology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		3

Endocrinology	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	2
Endocrinology	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	2
Endocrinology	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.; 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	1
Endocrinology	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 a	2

Endocrinology	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 a pituitary tumor or pituitary adenoma.; There are	1
Endocrinology	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; It is not known if a biopsy has 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.; It is not known if there is a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is a pituitary	1
Endocrinology	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; 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 a pituitary tumor or	1
Endocrinology	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.	1
Endocrinology	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request	1

Endocrinology	Approval	71250 CT CHEST, THORAX	evaluate the extent of 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 I saw the patient for metastatic follicular thyroid cancer. She was diagnosed 4/15 after she presented with right lower extremity pain. X-ray of the right knee showed a lytic lesion distal Femoral. Chest x-ray showed a 2.7 centimeter mass in the right low; 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 physician is a hematologist/ oncologist.; The	1
Endocrinology	Approval	71250 CT CHEST, THORAX	I saw the patient for papillary thyroid carcinoma first surgery 5/15, recurrence with fine needle aspiration 1/16 left level 4 And right level 2 positive for papillary. Bilateral neck dissection 2/16 showed right level 6 -22 lymph nodes positive, left lev; One of the studies being labs are elevated, great concern; 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 physician is not	1
Endocrinology	Approval	71250 CT CHEST, THORAX	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1

			< Enter answer here - or Type In Unknown If No Info Given. >; 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 ; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Patient had a CT Abd/Pelvis with contrast 3-25-17. Report showed a 3cm right adrenal mass, indeterminate and recommended a follow-up study.; This is a request for an Abdomen CT.; This study is R/O Cushings disease; This is a request for an Abdomen CT.; This study is being ordered for another 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.; It is not known if this is a request for follow up to a known tumor or 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 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	
Endocrinology	Approval	72192 CT PELVIS WITHOUT CONTRAST		1
Endocrinology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		
Endocrinology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		
Endocrinology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		
Endocrinology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		1
Endocrinology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		2
Endocrinology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		1
Endocrinology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
Endocrinology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	evaluate the extent of 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	1

Endocrinology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	I saw the patient for metastatic follicular thyroid cancer. She was diagnosed 4/15 after she presented with right lower extremity pain. X-ray of the right knee showed a lytic lesion distal Femoral. Chest x-ray showed a 2.7 centimeter mass in the right low; 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 physician is a hematologist/ oncologist.; The	1
Endocrinology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	I saw the patient for papillary thyroid carcinoma first surgery 5/15, recurrence with fine needle aspiration 1/16 left level 4 And right level 2 positive for papillary. Bilateral neck dissection 2/16 showed right level 6 -22 lymph nodes positive, left lev; One of the studies being labs are elevated, great concern; 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 physician is not	1
Endocrinology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1
Endocrinology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	2
Endocrinology	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	1
Endocrinology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

Endocrinology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1
Endocrinology	Approval	74176 CT ABD & PELVIS W/O 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1
Endocrinology	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 study is for follow up or staging.; The patient did NOT have chemotherapy, radiation therapy or surgery in the	1
Endocrinology	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 had an abdominal	1
Endocrinology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	; 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).	1

Endocrinology	Approval	78071 Parathyroid SPECT Imaging		This is a request for Parathyroid SPECT imaging.; HPI She is here as a new patient for evaluation of apparent primary hyperparathyroidism. She does not know the duration of hypercalcemia. Laboratory testing in January showed vitamin D 13, PTH 102, and calcium	1
Endocrinology	Approval	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.	1
Endocrinology	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 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
Endocrinology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Lymph node nodule and severe weight loss.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being	1
Endocrinology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	N/A; 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 unknown; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A	1
Endocrinology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a Abdominal pain; This is a request for an Abdomen CT.;	1
Endocrinology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This study is being ordered for another reason besides Kidney/Ureteral stone, 	
Endocrinology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PANCREATIC ABNORMALITY AND INSULUNOMA , HYPOGLASEMIA; This is a request for an Abdomen CT.; This study is being ordered for another reason besides	

Endocrinology	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 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, 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 Thyroid Cancer.; The patient had a thyroidectomy and radioiodine ablation.; 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	1
Endocrinology	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	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	1
Gastroenterology	Approval	70450 CT BRAIN, HEAD		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	1
Gastroenterology	Approval	70450 CT BRAIN, HEAD		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	1
Gastroenterology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D 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	2
Gastroenterology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST			1
Gastroenterology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		chronic worsening nausea vomiting and weight loss	

Gastroenterology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Intractable nausea and vomiting with negative GI work up.; 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	1
Gastroenterology	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	1
Gastroenterology	Approval	71250 CT CHEST, THORAX		2
Gastroenterology	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	1
Gastroenterology	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	2
Gastroenterology	Approval	71250 CT CHEST, THORAX	< 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 >; It is not known if	1
Gastroenterology	Approval	71250 CT CHEST, THORAX	; 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	3
Gastroenterology	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request	1
Gastroenterology	Approval	71250 CT CHEST,	colonoscopy today	

Gastroenterology	Approval	71250 CT CHEST, THORAX	Colonoscopy today revealed 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 eeg found nodule;; "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 esophageal cancer checking for metastasis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gastroenterology	Approval	71250 CT CHEST, THORAX	Esophageal mass found today on EGD.; 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	1
Gastroenterology	Approval	71250 CT CHEST, THORAX	Patient found to have adenocarcinoma of esophagus during EGD needing CT Chest/Abd/Pelvis to evaluate for metasisis.; 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	1
Gastroenterology	Approval	71250 CT CHEST, THORAX	Peripheral edema,Ascites due to alcoholic cirrhosis,Pt with TIPS, persistent ascites and peripheral edema	1
Gastroenterology	Approval	71250 CT CHEST, THORAX	Pt suffers with a rectal mass and study needed as R/O cancer.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
Gastroenterology	Approval	71250 CT CHEST, THORAX		1

Evaluation fo

Gastroenterology	Approval	71250 CT CHEST, THORAX	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.; It is unknown if the patient quit smoking in the past 15 years.; The patient has NOT had a Low Dose CT for 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	1
Gastroenterology	Approval	71250 CT CHEST, THORAX	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	1
Gastroenterology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		1
Gastroenterology	Approval	72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCON TRAST		1
Gastroenterology	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for some other reason than the choices given.; This is a request for a To have a better understand of what is causing patient's abd pain.; 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 < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 09/12/2017; 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	1
Gastroenterology	Approval	72192 CT PELVIS WITHOUT CONTRAST		1
Gastroenterology	Approval	72196 MRI PELVIS		1

Gastroenterology	Approval	72196 MRI PELVIS	; 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 the bladder.; The study is being ordered for suspicion of tumor,	1
Gastroenterology	Approval	72196 MRI PELVIS	; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Gastroenterology	Approval	72196 MRI PELVIS	; This study is being ordered for Inflammatory/ Infectious 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 Noninfective gastroenteritis and colitis, unspecified; This study is 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; It is not known if there has been any treatment or conservative therapy.; Noninfective gastroenteritis and colitis, unspecified; One of the studies being ordered is NOT a Breast MRI, CT	1
Gastroenterology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	1
Gastroenterology	Approval	72196 MRI PELVIS	unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 7/2017; There has not been any treatment or conservative therapy.; gastroperisis . abdominal pain. nausea. 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	1
Gastroenterology	Approval	72196 MRI PELVIS	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	2

Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< 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.;	8
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	There is a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is < 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	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Abdominal pain, nausea, vomiting, R/O gastroparesis; This is a request for an Abdomen CT.; This study is being ordered for another reason besides	
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Abnormal Imaging, Hepatic cyst seen on previous CT.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides	
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Abnormal weight loss, unknown reason, last 4-6 months lost over 20 pounds; This is a request for an Abdomen CT.; This study is being ordered for another	
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	hemangioma protocol; This is a request for an Abdomen CT.; This study is being ordered for another	
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	History of Hepatitis C, elevated liver enzymes, ultrasound of liver looked normal with fatty infiltrates; This is a request for an Abdomen CT.; This study is	
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	She has constant pain in right side for over an year it gets worse when she moves in certain positions and gets better if she stands; This is a request for an	
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Abdomen CT.; This study is being ordered for another	
Gastroenterology	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	1

Gastroenterology	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 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	3
Gastroenterology	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 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.; No, there is a palpable or observed abdominal mass.; Yes, there is a Is there an abdominal	1
Gastroenterology	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 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	2
Gastroenterology	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.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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	1
Gastroenterology	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 a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is	10

Gastroenterology	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 no new lab results or other imaging studies including	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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	20
Gastroenterology	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, 	
Gastroenterology	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	1
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	ultrasound showed possible horseshoe kidney or possible neoplasm; 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
Gastroenterology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Unknown; This is a request for an Abdomen CT.; This study is being ordered for another reason besides	

Gastroenterology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON	This is a request for CT Angiography of the Abdomen and Pelvis.	1
Gastroenterology	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCON		1
Gastroenterology	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCON	Yes, this is a request for CT Angiography of the abdomen.	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		13
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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 acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was	2
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; 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	1

Gastroenterology	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 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	1
Gastroenterology	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 ; This study is being ordered for Inflammatory/ Infectious 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 Abnormal imaging, weight loss, to rule out liver mass; 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
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	acute gastritis, pos for constipation and abd pain, bloating and cramping; This is a 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	1

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Alex Whitelaw is a 24 year old male referred by Dr. Patrick Antoon. He is here for evaluation of multiple gastrointestinal complaints. For the last 5-6 months, he has been having issues with bloody diarrhea. This is associated with significant abdominal ; This is a 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
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	colonoscopy today	
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Colonoscopy today revealed 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	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Early Satiety, Gi bleed, Nausea, Etc; This is a 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 esophageal cancer checking for metastasis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Esophageal mass found today on EGD.; 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 IDA, generalized abdominal pain, epigastric abdominal pain, other diseases of stomach, etc; 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 not the first visit for this complaint.; It is unknown if there has been a Patient found to have adenocarcinoma of esophagus during EGD needing CT Chest/Abd/Pelvis to evaluate for metasisis.; 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	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient has had an unexplained weight loss of 20lbs in 3 months. Patient needs CT to rule out possible tumor; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/1/2017; There has not been any treatment or conservative therapy.; Patient has a 20lb weight loss in 3 months despite eating small frequent meals daily.; One of the studies being ordered is NOT a Breast MRI,	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	PATINET HAS COMPLAINTS OF LEFT ABDOMINAL PAIN AND FLANK PAIN. SHE RECENTLY HAS A PELVIC ULTRASOUND SHOWING BILATERAL OVARIAN CYSTS.; This is a 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
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt suffers with a rectal mass and study needed as R/O cancer.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted R/O fistula; 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 PAIN STARTED AGAIN ON 8/5/17; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; 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	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		127

Gastroenterology	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 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	1
Gastroenterology	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 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	3
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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-	1
Gastroenterology	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 requested by a surgeon, specialist or PCP on behalf of a specialist who has seen	1
Gastroenterology	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 Hematuria.; Other; Yes this is a request for a	1
Gastroenterology	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 Lymphadenopathy.; Other; Yes this is a request for a	1
Gastroenterology	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 unexplained abdominal pain in patient over 75 years	2
Gastroenterology	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 unexplained weight loss of greater than 10% body	7

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; &Enter Additional	21
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	8
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; Abnormal lab work,	1
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; colonoscopy today	
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; Diarrhea, blood in	1
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; diverticulitis; Yes this	1
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; history of	1
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; IGA deficiency and	1

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; left upper quad pain, egd and colonoscopy, no indication for pain need a ct;	1
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; Lower left and right abdominal pain, abdominal discomfort, rectal	1
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; pain; Yes this is a	1
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; patient has	1
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; Patient has been having trouble with bloating after meals that can last several hours. She also has irregular bowel habits and can go for days without a bowel movement then have	1
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; Patient has complaints of abdominal pain and nausea with	1
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; patient is having abdominal pain. left lower quad ab pain. hx	1

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; Patient is having	1
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; Patient presented to clinic today with c/o right side abdominal pain for 4-5	1
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; Patient with Crohn's disease dating back 8 years, Started having abd pain 8	1
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; Post-prandial lower abdominal pain for 5 months that radiates to the left	1
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; PT HAVING EPIGASTRIC PAIN, FEVER, CHILLS AND APPETITE CHANGES. HAS NAUSEA AND VOMITING. NO	1
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; Pt is having gastric	1
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; R/O mass/tumor;	1

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; rectal bleeding,; Yes	1
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; Right lower quadrant	1
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; The Pt has	1
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; WILL FAX IN; Yes this	1
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; will just upload	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	2
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	10
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement;	5
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 new symptoms including	2

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.; 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	1
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 new lab results or other imaging studies including ultrasound, Doppler or plain films	3
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 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	1
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 not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious	1

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for an abdomen-pelvis CT combination.; There are clinical findings or indications of Hematuria.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; Other; Yes, the patient has been seen by a specialist or are the studies being	1
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	6
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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,	4
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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)	2

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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</p> <p>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.;</p>	2
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a 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</p> <p>To further evaluate and treat patient.; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has not been any treatment or</p>	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Unknown; 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	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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 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 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	1
Gastroenterology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
Gastroenterology	Approval	74181 MRI ABDOMEN		5
Gastroenterology	Approval	74181 MRI ABDOMEN	< Enter answer here - or Type In Unknown If No Info Given. >; 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, < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 09/12/2017; 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	1
Gastroenterology	Approval	74181 MRI ABDOMEN		1

Gastroenterology	Approval	74181 MRI ABDOMEN	< 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	1
Gastroenterology	Approval	74181 MRI ABDOMEN	< 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 ; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement,	1
Gastroenterology	Approval	74181 MRI ABDOMEN	known or suspected vascular disease, hematuria, ; This study is being ordered for Inflammatory/ Infectious 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 ; This study is being ordered for Inflammatory/ Infectious Disease.; 08/03/2016. One year ago.; There has been treatment or conservative therapy.; pain all the time of the right upper quadrant. It is exacerbated by food. Symptoms have gotten worse since cholecystectomy. Positive for weight loss, weakness,	1
Gastroenterology	Approval	74181 MRI ABDOMEN	Abdominal pain, Gi bleed, Loss of weight, etc. Need further evaluation of small bowel.; 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.	1

Gastroenterology	Approval	74181 MRI ABDOMEN	Abdominal Pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or lesion on liver, epigastric tenderness, LUQ tenderness, RUQ tenderness, LLQ tenderness, and RLQ tenderness, nausea, vomiting, Pt noted to have indeterminate 3 cm lesion on CT scan. This was noted in oct 2016. Redemonstrated on recent CT in Harrison. She h; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/metastasis.; The patient had previous abnormal	1
Gastroenterology	Approval	74181 MRI ABDOMEN	MRI/MRCP ordered to confirm PSC diagnosis; 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. Noninfective gastroenteritis and colitis, unspecified; This study is 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; It is not known if there has been any treatment or conservative therapy.; Noninfective gastroenteritis and colitis, unspecified; One of the studies being ordered is NOT a Breast MRI, CT	1
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.";	15

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."; < Enter answer here - or Type In Unknown If No Info Given. >	2
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	
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."; Patient had Ct Scan that	1
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."; Patient had ct scan that	1
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 was seen recently in the ER & a CT Scan showed Cholelithiasis &	1
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."; ulcerative colitis, nausea vomiting, right upper quadrant pain, Crohns disease,	1
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	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are physical findings or abnormal blood work	2

Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected vascular disease.; The ordering physician is a surgeon.;	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for known or suspected vascular disease.; The ordering physician is a surgeon.; CT report that shows "enlarged veins are present in the	1
Gastroenterology	Approval	74181 MRI ABDOMEN	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	2
Gastroenterology	Approval	74181 MRI ABDOMEN	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."; She is here for routine followup. She has a history of multiple small cysts in her pancreas.	1
Gastroenterology	Approval	74181 MRI ABDOMEN	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	1

Gastroenterology	Approval	74181 MRI ABDOMEN	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	2
Gastroenterology	Approval	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	1
Gastroenterology	Approval	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 is presenting new signs or symptoms.; The patient did NOT have chemotherapy, radiation therapy or surgery in the last	1
Gastroenterology	Approval	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 is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."	2
Gastroenterology	Approval	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 is undergoing active treatment for cancer.; "The ordering physician is an	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for staging.; "The ordering physician is an	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for staging.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."	2

Gastroenterology	Approval	74181 MRI ABDOMEN	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
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.; It is not known if there is an ultrasound or plain film evidence of and	1
Gastroenterology	Approval	74181 MRI ABDOMEN	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	1
Gastroenterology	Approval	74181 MRI ABDOMEN	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	1
Gastroenterology	Approval	74181 MRI ABDOMEN	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	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist,	1
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist,	2
Gastroenterology	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; Surgery is	2
Gastroenterology	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 had an abdominal	6
Gastroenterology	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 had an abdominal	4

Gastroenterology	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 had an abdominal ultrasound, CT, or MR study."; check to see any growth	1
Gastroenterology	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 had an abdominal ultrasound, CT, or MR study."; Follow up MRI to	1
Gastroenterology	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 had an abdominal	1
Gastroenterology	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 had an abdominal	1
Gastroenterology	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 had an abdominal ultrasound, CT, or MR study."; pancreatic mass or	1

Gastroenterology	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 had an abdominal ultrasound, CT, or MR study."; The symptoms began 2 months ago. Had right flank pain about 2 months ago and had a CT scan done which showed a liver cyst. Had	1
Gastroenterology	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 had an abdominal	1
Gastroenterology	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	1
Gastroenterology	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."; It is not known if the patient had and abdominal ultrasound, CT or MR study.; < Enter	1
Gastroenterology	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	3
Gastroenterology	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	1

Gastroenterology	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."; enlarging left	1
Gastroenterology	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."; the patient has a RUQ US done today that showed a 5cm mass in	1
Gastroenterology	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."; To further	1
Gastroenterology	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 not had	1
Gastroenterology	Approval	74181 MRI ABDOMEN	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	2

Gastroenterology	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,	4
Gastroenterology	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.; <	4
Gastroenterology	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.; Ileal	1
Gastroenterology	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,	1
Gastroenterology	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.; MRE	1
Gastroenterology	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.;	1
Gastroenterology	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.; To	1

Gastroenterology	Approval	74181 MRI ABDOMEN	unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 7/2017; There has not been any treatment or conservative therapy.; gastroperisis . abdominal pain. nausea. 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	1
Gastroenterology	Approval	74261 CT Colonography, diagnostic without contrast	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Gastroenterology	Approval	74261 CT Colonography, diagnostic without contrast	< Enter answer here - or Type In Unknown If No Info Given. >; This patient does not have a medical problem that makes him/ her unsuitable for conventional colonoscopy.; This patient has undergone an attempted but incomplete conventional	1
Gastroenterology	Approval	74261 CT Colonography, diagnostic without contrast	< Enter answer here - or Type In Unknown If No Info Given. >; This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; The member had colon screening studies	3
Gastroenterology	Approval	74261 CT Colonography, diagnostic without contrast	; This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; The member had colon screening studies completed prior	1
Gastroenterology	Approval	74261 CT Colonography, diagnostic without contrast	history of difficult colonoscopy; This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; The member had colon	1
Gastroenterology	Approval	74261 CT Colonography, diagnostic without contrast	NARROWING, RECENTLY IN ER CT SCAN SHOWS MASS IN COLON, POSSIBLE NEOPLASM OF COLON; This patient does not have a medical problem that makes him/ her unsuitable for conventional colonoscopy.;	1
Gastroenterology	Approval	74261 CT Colonography, diagnostic without contrast	This patient has undergone an attempted but	1

Gastroenterology	Approval	74261 CT Colonography, diagnostic without contrast	Pt. HAVE SIGMOIDOSCOPY AND DIVERTITY NOTICE AND; This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; The member had colon screening studies completed prior	1
Gastroenterology	Approval	74261 CT Colonography, diagnostic without contrast	Unknown; This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; The member had colon screening studies	1
Gastroenterology	Approval	74263 CT Colonography, screening	This is a request for CT Colonoscopy for screening purposes only.	3
Gastroenterology	Approval	75571 Corornary Artery Calcium Score, EBCT	Patient is currently being evaluated for listing for a liver transplant. Imaging is to test for cardiac abnormalities. .; This is a request for a CT scan for	1
Gastroenterology	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 Colo-rectal Cancer.; This would be	1
Gastroenterology	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 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	2
Gastroenterology	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	1

Gastroenterology	Approval	S8037 mrcp	< Enter answer here - or Type In Unknown If No Info Given. >; 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.; It is not known if MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.; It is not known if patient is an infant or young child, and not an adult who is debilitated or uncooperative in such a manner that	1
Gastroenterology	Approval	S8037 mrcp	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for MRCP.; There is no	2
Gastroenterology	Approval	S8037 mrcp	< 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	1
Gastroenterology	Approval	S8037 mrcp	< 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	1
Gastroenterology	Approval	S8037 mrcp	; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	4
Gastroenterology	Approval	S8037 mrcp	; This study is being ordered for Inflammatory/ Infectious Disease.; 08/03/2016. One year ago.; There has been treatment or conservative therapy.; pain all the time of the right upper quadrant. It is exacerbated by food. Symptoms have gotten worse since cholecystectomy. Positive for weight loss, weakness,	1
Gastroenterology	Approval	S8037 mrcp	Abdominal Pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1

Gastroenterology	Approval	S8037 mrcp	abnormal LFT; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Approval	S8037 mrcp	dilated Duct on the ultrasound; This is a request for MRCP.; There is no reason why the patient cannot have Elevated bilirubin, right upper quadrant abdominal pain; 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.";	1
Gastroenterology	Approval	S8037 mrcp	pancreatitis, gall stones; This is a request for MRCP.;	1
Gastroenterology	Approval	S8037 mrcp	There is no reason why the patient cannot have an Patient has elevated liver enzymes and denies drinking alcohol or having family history.; This is a request for MRCP.;	1
Gastroenterology	Approval	S8037 mrcp	There is no reason why the patient cannot have pt post abdominal pain with elevated liver enzymes;	1
Gastroenterology	Approval	S8037 mrcp	This is a request for MRCP.; There is no reason why the pt. had a cholecysectomy at end of June 2017 still having pain, recent episode of pancreatitis, in June;	1
Gastroenterology	Approval	S8037 mrcp	This is a request for MRCP.; There is no reason why the 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.;	1
Gastroenterology	Approval	S8037 mrcp	It is not known if patient requires evaluation for a congenital defect of the pancreatic or biliary tract.;	1

Gastroenterology	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 does not require evaluation for a congenital defect of the pancreatic or biliary tract.; The	1
Gastroenterology	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 has an	2
Gastroenterology	Approval	S8037 mrcp		This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has undergone unsuccessful ERCP and requires further	2
				< 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 >; It is not known if there has been any treatment or conservative therapy.;	
Gastroenterology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< 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, ; This is a request for a brain/head CT.; The study is	1
Gastroenterology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	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	1
				ABNORMAL WEIGHT LOSS, VOMITING, ADREAL INSUFFICIENTLY, MEDICINE ISSUES, CILIC DISEASE; 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	
Gastroenterology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	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	1

Gastroenterology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Headaches, Nausea and vomiting, Elevated Creatinine; 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	1
Gastroenterology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Nausea with vomiting in patient with rheumatoid arthritis and history of Hep C; This is a request for a brain/head CT.; Thi study is being requested for None	1
Gastroenterology	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D 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	1
Gastroenterology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient has had an unexplained weight loss of 20lbs in 3 months. Patient needs CT to rule out possible tumor; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/1/2017; There has not been any treatment or conservative therapy.; Patient has a 20lb weight loss in 3 months despite eating small frequent meals daily.;	1
Gastroenterology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	One of the studies being ordered is NOT a Breast MRI, Patient has reflux and we would like to see why she is having weight loss; A Chest/Thorax CT is being ordered.;	1
Gastroenterology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	The study is being ordered for none of the above.;	1
Gastroenterology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	This study is being ordered for non of the above.;	1
Gastroenterology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	To further evaluate and treat patient.;	1
Gastroenterology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has not been any treatment or Unknown; A Chest/Thorax CT is being ordered.;	1
Gastroenterology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	This study is being ordered for screening of lung cancer.;	1
Gastroenterology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	The patient is 54 years old or younger.;	1
Gastroenterology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	The patient has NOT had a Low Dose CT for Lung Cancer Screening or a	1

Gastroenterology	Disapproval	71250 CT CHEST, THORAX	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.; 09/19/2017; There has been treatment or conservative therapy.; patient is having abdomen pain nausea with vomiting and chest pain, diarrhea and fever; patient has been taking oral medication; One of the studies being ordered is NOT a Breast MRI, CT	1
Gastroenterology	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.; ; The patient is experiencing or	1
Gastroenterology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The	1
Gastroenterology	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	WILL FAX IN CLINICAL INFORMATION; This study is being ordered for Inflammatory/ Infectious Disease.; UNKNOWN; There has been treatment or conservative	
Gastroenterology	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.; 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)	1
Gastroenterology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	abdominal pain, nausea, vomiting; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  abnormal labwork; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or	
Gastroenterology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	tumor.; There is no suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; The patient has new lab results or	1

				after EGD today , Dr. Ketcher did exam of abd. due to abd. pain LUQ - area around the spleen enlarged - patient had a one time had a drain in that area post open heart surgery 2015; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; There is no evidence of organ	
Gastroenterology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Elevated protein, tumor marker; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 	1
Gastroenterology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	HEP C W/ CIRRHOSIS EVAL FOR CANCER; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral	
Gastroenterology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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	1
Gastroenterology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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	1
Gastroenterology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 	
Gastroenterology	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious 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	1
Gastroenterology	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	THE PAIN STARTED AGAIN ON 8/5/17; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; PAIN IN THE SUPRAPUBLIC AREA;	1

Gastroenterology	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis. < Enter answer here - or Type In Unknown If No Info Given. >; 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 < 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 < 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 were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A	1
Gastroenterology	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 < 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 < 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 were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A	1
Gastroenterology	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 < 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 were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A	1
Gastroenterology	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 < 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 were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A	1

Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	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 >; 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, Epigastric pain, patient has hx of hep c and h pylori. Patient was ordered a lipase lab test today, we do not have those results back yet. Patient was in hospital a few weeks ago, still having epigastric 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 IDA, AST/ SGOT level raised, 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.; N/A; 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 had	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1

Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has lost approximately 30 pounds in the past 2 months. She denies any changes in medication and attributes the weight loss to not being able to eat, due to the 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 This is a request for an abdomen-pelvis CT combination.; Infection such as pancreatitis,	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	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 This is a request for an abdomen-pelvis CT combination.; There is a suspicious mass found using	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Suspicious Mass or Tumor; Yes this is a to rule out any inflammation.; This is a 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 today with crampy abdominal pain gas and bloating. Abdominal bloating and abdominal distention is the patient's biggest complaint. The patient also has alternating diarrhea and constipation. The patient continues to smoke cigarettes. The patient is fo; 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	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1

Gastroenterology	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.; 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 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.; 09/19/2017; There has been treatment or conservative therapy.; patient is having abdomen pain nausea with vomiting and chest pain, diarrhea and fever; patient has been taking oral medication; One of the studies being ordered is NOT a Breast MRI, CT patient had liver lesions on ct scan recommends MRI; 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 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.;	1
Gastroenterology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	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 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.;	1
Gastroenterology	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	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.;	1
Gastroenterology	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	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.;	1
Gastroenterology	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	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.;	1
Gastroenterology	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	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.;	1

Gastroenterology	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	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, 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,	1
Gastroenterology	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	follow-up trauma, or a pre-operative evaluation.; pt WILL FAX IN CLINICAL INFORMATION; This study is being ordered for Inflammatory/ Infectious Disease.;	1
Gastroenterology	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	UNKNOWN; There has been treatment or conservative ; This patient does not have a medical problem that makes him/ her unsuitable for conventional colonoscopy.;	1
Gastroenterology	Disapproval	74261 CT Colonography, diagnostic without contrast	Radiology Services Denied Not Medically Necessary	This patient has undergone an attempted but incomplete conventional colonoscopy.;	1
Gastroenterology	Disapproval	74261 CT Colonography, diagnostic without contrast	Radiology Services Denied Not Medically Necessary	history of colon problems and rectal bleeding; This patient does not have a medical problem that makes him/ her unsuitable for conventional colonoscopy.;	1
Gastroenterology	Disapproval	74263 CT Colonography, screening	Radiology Services Denied Not Medically Necessary	This patient has undergone an attempted but incomplete conventional colonoscopy.;	1
Gastroenterology	Disapproval	75571 Coronary Artery Calcium Score, EBCT	Radiology Services Denied Not Medically Necessary	The member This is a request for CT Colonoscopy for screening purposes only.	2
Gastroenterology	Disapproval	75571 Coronary Artery Calcium Score, EBCT	Radiology Services Denied Not Medically Necessary	Patient is being evaluated for a liver transplant. Imaging is to view for cardiac abnormalities.;	1
Gastroenterology	Disapproval	75571 Coronary Artery Calcium Score, EBCT	Radiology Services Denied Not Medically Necessary	request for a CT scan for evaluation of coronary Patient is currently being evaluated for a liver transplant. Testing is part of the evaluation process.;	1
Gastroenterology	Disapproval	76380 CT FOLLOW-UP OR LIMITED STUDY ANY AREA	Radiology Services Denied Not Medically Necessary	This is a request for a CT scan for evaluation of Patient has had elevated LFT's and abnormal CT of liver last year and needs CT guided liver biopsy; Limited or Follow up other than Sinus CT; CT guided liver biopsy	1

Gastroenterology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Patient currently being evaluated to be listed for a liver transplant. Testing is to evaluate for cardiac abnormalities. .; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear < Enter answer here - or Type In Unknown If No Info Given. >; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
Gastroenterology	Disapproval	S8037 mrcp	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Approval	70450 CT BRAIN, HEAD			10
General/Family Practice	Approval	70450 CT BRAIN, HEAD		< 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.	6
General/Family Practice	Approval	70450 CT BRAIN, HEAD		< 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 sudden and severe.; The headache is not described as a “thunderclap” or the worst headache of the patient’s life.; The patient does	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD		< 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.; This headache is not described as sudden, severe or chronic recurring.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; 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	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; 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	4
General/Family Practice	Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This	3
General/Family Practice	Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; 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 Syncope/Fainting;	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Imaging is needed and availability of MRI would delay < Enter answer here - or Type In Unknown If No Info Given. >; 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 Syncope/Fainting; It is	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 7/2017; There has not been any treatment or conservative therapy.; nodule on lung - vision loss and stabbing pain in head	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	< 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.; 8-3-2017; There has not been any treatment	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	< 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.; June 19,2017; There has not been any	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 06/14/2017; There has not been any treatment or conservative therapy.; facial swelling, pressure, pain numbness on the right side, ringing in right ear and right eye pain	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 7/12/17; There has not been any treatment or conservative therapy.; nausea, knocked unconscious. right chest and abdominal pain. tenderness and pain	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 7/24/17; There has not been any treatment or conservative therapy.; trauma, cant swallow, neck edema	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 7/7/17; There has not been any treatment or conservative therapy.; pain, close head injury, multiple contusions, abdominal pain and chest pain.	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	; 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.	4
General/Family Practice	Approval	70450 CT BRAIN, 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.	2
General/Family Practice	Approval	70450 CT BRAIN, 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.; The patient has vision changes.; The patient had a recent	1
General/Family Practice	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 dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	; 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	4
General/Family Practice	Approval	70450 CT BRAIN, HEAD	; 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	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	; 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	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	; 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.; Metallic implants such as Pacemakers, ICD (cardioverter/defibrillator), vascular clips, prosthesis or	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	; 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.; There is another reason why an MRI is not	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	; 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.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or ; This study is 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.; Right side arm weakness, slurred speech, neck mass; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT,	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/13/2017; It is not known if there has been any treatment or conservative therapy.; CP	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	; This study is being ordered for trauma or injury.; 09/24/2017; There has not been any treatment or conservative therapy.; Patient fell yesterday. Possible broken facial bones; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	1. Possible Stroke  c/o constant HA since she got tested positive for RMSF. This is accompanied by fever, neck pain, n/v, muscle weakness. she got treated for Doxycycline x 21 days, pt still has having symptoms as mentioned above. Her titer for RMSF was 2.25.; 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	Approval	70450 CT BRAIN, HEAD	C/O HEADACHES, HAS BEEN TAKING OTC MEDICATIONS BUT NE RELIEF. HAS ALSO TAKEN TOPAMAX, MAXALT WITH NO RELIEF. HAS APPROX 20 HEADACHES A MONTH; 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, chronic pain. He has had two month history of severe left sided headaches. He states that he is also having forgetfulness with this. Light does worsen this. It is very painful to light touch.; This is a request for a brain/head CT.; The study is being requested for	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	dizziness; 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	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	Episode of syncope occurred 5 days ago. There is no known history of seizures. The episode was witnessed by a co-worker. She describes a sensation of lightheadedness before loss of consciousness. Patient estimates time of unconsciousness to be 2 minutes; This is a request for a brain/head CT.; This study is Evaluate for brain injury from head trauma. Head aches, memory loss, 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 Evaluation of mastoiditis; 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 Infection or Inflammation; Imaging is needed and Facial numbness/swelling. He states that this is located on the left side of the face. He states that the left side of his face and left upper extremity at times feel numb. He denies any recent trauma or injury. He denies any head trauma or injury. He has; This is a request for a brain/head CT.; This study is being requested for None	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	GENERAL APPEARANCE: Normally developed individual, appearing stated age, in no acute distress.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD		1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Has COPD; 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.; Severe Claustrophobia is the reason an MRI is not being considered	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	Having light headed spinning, history of head injury in the past, aggravated with bending or rapid movement, happens when she wakes up and with physical activity, neck stiffness, fatigue and generalized weakness;; 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	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	head ache with right sided facial weakness and numbness. right eye is not blinking.; 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	Approval	70450 CT BRAIN, HEAD	Headache, has had new swooshing sound with pulse as well as headaches so i will rule out mass in head with ct; 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.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Headache; 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.	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	headaches and blurred vision also.; 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.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	history TIA	
General/Family Practice	Approval	70450 CT BRAIN, HEAD	HIT HEAD IN A RECENT MOTOR VECHICLE ACCIDENT; 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.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	hx of aneurysm	
General/Family Practice	Approval	70450 CT BRAIN, HEAD	left side facial droopage; 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 Memory loss; 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	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	N/A; 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	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Nausea and headaches; 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	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	Neurological deficits also; 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.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	new headaches/migraines (worried about her shunt not being open, has been a problem before and headaches were a sx	
General/Family Practice	Approval	70450 CT BRAIN, HEAD	New Onset severe, intractable headache, right-sided with nausea and vomiting; 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 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 sudden and severe.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	none; 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.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD		1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	<p>none; This study is being ordered for Inflammatory/ Infectious Disease.; 08/17/2017; There has been treatment or conservative therapy.; swelling, severe ear drainage, mononucleosis; 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</p> <p>Original CT of the head at Mercy (-) for bleed, patient having dizziness and had episode of loss of consciousness, concerning for ongoing brain issue given type of injury. &#x0D;</p>	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	<p>Patient came in complaining of facial numbness x 1 week. It would start on one side of her face and later move to the other side of her face; 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</p> <p>Patient has a headache and swelling to the right temple.; 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.</p>	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD		1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	<p>Patient has been experiencing Left sided headaches that are sharp in nature and can be severe. They have progressively gotten worse over the last 6 months and pt has tried treating with extra strength IBU with no relief. Recently patient has a new nodular; 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.</p>	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	<p>PATIENT HAS LEFT FACIAL WEAKNESS AND DROOPING, SLURRED SPEECH, HEADACHES AND HIGH BLOOD PRESSURE. WE DO NOT HAVE AN MRI LOCALLY AND IT WOULD DELAY TREATMENT; 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.; MRI scanning is not locally available to the patient is the reason an MRI is not being considered; This is NOT a Medicare member.</p> <p>Patient has syncope and zoning out episodes. Complaint of fatigue.; 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</p>	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD		1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	<p>patient is falling, ataxia vomiting change in mental status; 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.</p>	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	<p>PATIENT IS HAVING SYNCOPE EPISODES, VOMITING AND DRY HEAVING AND SHAKING ALL OVER.; 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</p>	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	<p>Patient notes associated headache and nausea prior to the seizure. NEUROLOGIC: cranial nerves: 2-12 ok;; 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</p>	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	<p>Patient presents for refills and with complaints of feeling lightheaded, dizzy, nausea; onset last week after being hit in the head with a tree limb. Reports headaches initially however they have resolved. Reports dizziness even with sitting still. Denies; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient</p>	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	Patient presents with headaches, facial numbness, and sudden memory loss.; 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 Patient stated that she fell about 2 months ago hitting her head on a rock, having a concussion. She is currently having headaches and dizziness.; This study is being ordered for trauma or injury.; 7/17/17; It is not known if there has been any treatment or conservative therapy.; headaches and dizziness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	PATIENT WAS PUNCHED IN THE FACE; This study is being ordered for trauma or injury.; 3 DAYS AGO; There has not been any treatment or conservative therapy.; BLACK EYE, VISION IMPAIRMENT, SEEING FLASHING LIGHTS, HEADACHE, BRUISING, SWOLLEN FACE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	patient with head injury along with face trauma. Patient has headache and dizziness along with facial swelling; This study is being ordered for trauma or injury.; 7-11-17; There has not been any treatment or conservative therapy.; Headache, broken nose, swollen	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	patient with headache for 5 weeks. needs imaging to help determine source of pain.; 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	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	Psychogenic syncope; 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 Pt c/o new onset headaches. They began about 3 weeks ago. She had one headache for 2 consecutive weeks. She states she has tried aspirin, tylenol, and ibu without relief. She states they are typically worse at night and goes to bed with the headache and w; 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	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Pt had a trauma to the head; r/o fx and bleed; 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 trauma or injury.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Pt has a history of CVA; 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.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Pt has a Hx of ACINIC cell carcinoma; Sudden onset of worst headache of the Pt's life last night; Dizziness, Rt sided weakness, Rt sided visual impairments; 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	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	pt has aneurysm; 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	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Pt has dizziness and nausea, headaches.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Pt has memory loss and confusion; 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	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Pt having intermittent recurring headaches; pain in the back of the neck; This is a request for a brain/head CT.; The study is being requested for evaluation of a	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	headache.; The headache is described as chronic or Pt presented to clinic with c/o severe headaches, with vision changes, and dizziness; This is a request for a brain/head CT.; The study is being requested for	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	evaluation of a headache.; The headache is described as sudden and severe.; The patient has dizziness.; The Pt records attached. MD felt CT was appropriate at this	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	time.; 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 Vertigo; It is unknown	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Pt suffers with chest congestion, fatigue, cough and anxiety with an altered mental status.; This is a request for a brain/head CT.; Thi study is being requested for	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	None of the above.; This procedure is being requested for Dementia/ Cognitive Impairment; It is unknown	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Pt was assaulted during home break in. Pupils are normal and reactive to light. Pain 7/10 - constant, Pt is disoriented, loss of consciousness > 5 minutes.; This study is being ordered for trauma or injury.; 7/2/17;	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	There has not been any treatment or conservative	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	pt wih headaches, rt side weakness and vision changes; 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.; Metallic implants such as Pacemakers, ICD (cardioverter/defibrillator), vascular clips, prosthesis or joint replacement is the reason why	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	PT. HAD A SEIZURE, PASSED OUT, HIT HER HEAD WHEN SHE FELL, HAVE A KNOT ON HER HEAD, NO HISTORY OF 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.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	pt. was hit (trauma) headache and facial numbness on left side; 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	Approval	70450 CT BRAIN, HEAD	R/O mass or bleeding; 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	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	R/o stroke.; 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.; Metallic implants such as Pacemakers, ICD (cardioverter/defibrillator), vascular clips, prosthesis or joint replacement is the reason why an MRI is not being considered; This is NOT a Medicare member.; This is NOT a Medicare member.	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	R/O TIA; 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; It is unknown why an MRI is not being considered	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	RIGHT AND LEFT ARM WEAKNESS, RIGHT WAS WORSE, SYMPTOMS BEGAN YESTERDAY, POSITIVE FOR TINGLING IN THE ARMS; 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	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	See attached clinicals.; 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.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Seizures occurring more frequently, now having dizziness, vision changes, frequent 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.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	She was beaten in the head by her boyfriend; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; This headache	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Start: 08/20/2017 	
General/Family Practice	Approval	70450 CT BRAIN, HEAD	Temporal Lobe Epilepsy; 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	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	The pain radiates to the upper arm. He describes it as constant, moderate in intensity, severe, cramping, and burning. Associated symptoms include numbness, The Pt has blurred vision, throbbing headaches. Left frontal 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.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	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	38
General/Family Practice	Approval	70450 CT BRAIN, 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.; The headache is described as a "thunderclap" or the worst headache of the patient's life.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
General/Family Practice	Approval	70450 CT BRAIN, 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.; 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.	2
General/Family Practice	Approval	70450 CT BRAIN, 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.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of	2

General/Family Practice	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 does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
General/Family Practice	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 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.	1
General/Family Practice	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 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.	2
General/Family Practice	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 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.	1
General/Family Practice	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.	10

General/Family Practice	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.	172
General/Family Practice	Approval	70450 CT BRAIN, HEAD	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.; This is a request for a brain/head CT.; There is headache not improved by pain medications.; 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."; "There are recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness.";	14
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This is a request for a brain/head CT.; This study is requested for known or suspected bleed such as subdural hematoma or subarachnoid bleed.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is being requested for a history of stroke, (CVA) known or follow-up.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital	5
General/Family Practice	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is requested for known or suspected bleed such as	2
General/Family Practice	Approval	70450 CT BRAIN, HEAD		7

General/Family Practice	Approval	70450 CT BRAIN, HEAD	This study is being requested for Suspicion of a TIA (Transient Ischemic Attack).; 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	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	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.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	unknown; 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 trauma or injury.	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	unknown; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or malaise; 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
General/Family Practice	Approval	70450 CT BRAIN, HEAD	unknown; 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	1

General/Family Practice	Approval	70450 CT BRAIN, HEAD	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.; 7/31/2017; There has not been any treatment or conservative therapy.; Aphasia, dizziness, could not speak for about 20 min, light headed, weakness, suspected TIA	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	VERTIGO; 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	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	VISION CHANGES WITH LEFT EYE; 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	Approval	70450 CT BRAIN, HEAD	Vision loss right eye; 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	1
General/Family Practice	Approval	70450 CT BRAIN, HEAD	vision problems; 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	Approval	70450 CT BRAIN, HEAD 70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	WORSENING HA THAT STARTED ONE DAY AGO. NO RELIEVING FACTORS.; 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.	1
General/Family Practice	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 suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is a history of	1
General/Family Practice	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 suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; Yes this is a request for a PATIENT WAS PUNCHED IN THE FACE; This study is being ordered for trauma or injury.; 3 DAYS AGO; There has not been any treatment or conservative therapy.;	1
General/Family Practice	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	BLACK EYE, VISION IMPAIRMENT, SEEING FLASHING LIGHTS, HEADACHE, BRUISING, SWOLLEN FACE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted This is a request for an Internal Auditory Canal CT.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent abnormal auditory brainstem response.; The patient has not had a recent abnormal brain CT or MRI.; There are not neurological symptoms of one-sided hearing loss or sudden onset of ringing in 1 or both ears.; There is not a new and sudden onset of one-sided ear pain not improved by pain medications.; The patient has not had a normal	1
General/Family Practice	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.		1

General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST		1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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	13
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is suspicion	3
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < 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 < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 5/31/17; There has been treatment or conservative therapy.; cough,	2
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST		1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST		1

General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	< 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	

General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 06/14/2017; There has not been any treatment or conservative therapy.; facial swelling, pressure, pai,n	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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 has been a problem for the past 7 days. This is an acute problem without chronic or recurrent episodes. Her primary symptoms include chest congestion, dry cough, facial pressure, fever, headache, nasal congestion and post-nasal drip. She has alr; 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,	3
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ;	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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 (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	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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 Recurrent Acute	1

General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO 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 YR AGO; There has not been any treatment or conservative therapy.; Pt has decreased hearing, ringing in ears, ear aches, imbalance.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted Cellulitis; "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	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST		2
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Chronic sinusitis, Enter answer here - or Type In Unknown If1cm boggy nodule to hard palate, mildly tender to palpation, gums not inflamed, no pain to existing teeth. pt does have multiple dental carries noted and missing teeth; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	fell on concrete hit his nose	

General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Onset: 1 Day. The severity of the problem is moderate. The symptoms are constant. The right side is affected. Pertinent/initial symptoms include sinus congestion, sinus pain and sinus pressure. Symptoms are associated with environmental allergies and; 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	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Original CT of the head at Mercy (-) for bleed, patient having dizziness and had episode of loss of consciousness, concerning for ongoing brain issue given type of injury. 	
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Patient has failed all treatments given with little improvements.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/02/2016; There has been treatment or conservative therapy.; Cough, chronic maxillary sinusitis, moderate facial pain, congestion, ear pain, headaches, hoarseness, sinus pressure, nasal congestion, post nasal drip, rhinorrhea and wheezing.; 11/02/2016-Zpak and prednisone 20mg. slight improvement. 	
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	patient has had 3 antibiotics and 2 shots that have failed.; 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	1

General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	patient with head injury along with face trauma. Patient has headache and dizziness along with facial swelling; This study is being ordered for trauma or injury.; 7-11-17; There has not been any treatment or conservative therapy.; Headache, broken nose, swollen face and eye sockets. Patient has bruising. Patient is experiencing dizziness	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Persistent symptoms with treatment failure. Abnormal sinus x-ray; 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	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	pt has chronic sinus drainage, headache and sore throat; 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	1

General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	pt has not responded to treatment for sinusitis. having sinus headache and severe fatigue with symptoms. has been treated with bactrim, flagyl and injections since 05/31/17 with no relief.; 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	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	reacurrent chronic sinusitis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Sinus congestion, nose bleeds, had sinus xray at rheumatologist that showed sinusitis,  sinus xray shows full right maxillary sinuses.; 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	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	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	1
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	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	6

General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	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	2
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	7
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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	35
General/Family Practice	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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 Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	16
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST		1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info 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/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST	< 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	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; huge growth under his tongue lymph nodes in neck are swollen; antibiotic 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	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< 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.; June 19,2017; There has not been any treatment or conservative therapy.; Patient has weight loss and eye wouldn't close	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 7/24/17; There has not been any treatment or ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
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 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.; The lump did not get smaller.; A fine ; 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	1
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	1

General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO 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.; 09-19-2017; There has not been any treatment or conservative therapy.; Right side arm weakness, slurred speech, neck mass; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, Former smoker; This study is being ordered for something other than: known trauma or injury,	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/27/2017; There has Lump was 3.8 by 1.4 centimeters; 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 mass is 3cm; This is a request for neck soft tissue CT.;	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	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 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 larger than 1 cm.; A fine needle aspirate was NOT done.; Yes	1
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 larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a none; This study is being ordered for Inflammatory/ Infectious Disease.; 08/17/2017; There has been treatment or conservative therapy.; swelling, severe ear drainage, mononucleosis; 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	1

General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Patient had an enlarged lymph node that was not going away. Recent soft tissue ultrasound shows a mass which the needs to be evaluated by CT scan; 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 patient is having neck and shoulder pain, she has a nodule underneath left jaw. patient has had previous surgery--she has metal in her neck--as seen on x-ray;	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	One of the studies being ordered is a Breast MRI, CT Patient stated that she fell about 2 months ago hitting her head on a rock, having a concussion. She is currently having headaches and dizziness.; This study is being ordered for trauma or injury.; 7/17/17; It is not known if there has been any treatment or conservative therapy.; headaches and dizziness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The Patient with history of oropharengyl cancer with pain in neck.; 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 Personal history of pancreatitis and adenitis; This study is 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
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Presenting in clinic with abdominal pain, history of pancreatitis 6/2015. Soft tissue tenderness/swelling in sublingual area in anterior cervical area with history of adenitis 12/2016.; There has been treatment or conservative therapy.; Abdominal pain; Soft tissue swelling of neck with tenderness in the sublingual and anterior cervical area; Antibiotics; One of the studies	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		1

General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	pt still having tender neck LN. s/p zpak which did not help We had previously discussed future possibilities and her response to antibiotics. She says that if the second course of antibiotics does not work. She would like a third course and the CT scan; 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 susp skin 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	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,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	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,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 no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There is a	2
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,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	1
General/Family Practice	Approval	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	2
General/Family Practice	Approval	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.; It is	1

General/Family Practice	Approval	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	6
General/Family Practice	Approval	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 not a suspicion of an infection or abscess.; This is not being ordered by an	4
General/Family Practice	Approval	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 ultrasound performed; 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	68
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	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 1 cm or smaller.; The neck mass has NOT been examined twice at least 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	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	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 size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	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 size of the neck mass is unknown.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; It is	1

General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST	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 physician is not a hematologist/oncologist.	1
General/Family Practice	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST	worsening 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.; 12/2016; There has not	1
General/Family Practice	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST		1
General/Family Practice	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Carotid artery, internal, occlusion, bilateral  Follow up to previous exam performed; 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.; It is not known if	1
General/Family Practice	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST		1
General/Family Practice	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the brain.	3
General/Family Practice	Approval	TRAST	Carotid artery, internal, occlusion, bilateral 	

General/Family Practice	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Follow up to previous exam performed; 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.; It is not known if unknown; This study is being ordered for a neurological disorder.; Cerebrovascular Accident: x 2; residual effects include dysequilibrium, likely retinal artery occlusion OS; It is not known if there has been	1
General/Family Practice	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST		
General/Family Practice	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the Neck.	6
General/Family Practice	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE		1
General/Family Practice	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 < 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 >; 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, ; This study is being ordered for a metastatic disease.;	2
General/Family Practice	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	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	1
General/Family Practice	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE		1

General/Family Practice	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	<p>; This study is being ordered for Inflammatory/ Infectious Disease.; 8/14/17; There has been treatment or conservative therapy.; R eye red for the past 15 days. Was swollen up like a balloon. Denies eye trauma. Was seen at our other clinic and was given steroids IM and PO. Made swelling in eye better. Went to Sparks ED 5 days ago and was given a cream to put on the eye lid tha; Was seen at our other clinic and was given steroids IM and PO. Made swelling in eye better. Went to Sparks ED 5 days ago and was given a cream to put on the eye lid that helped too. Saw Eye Group Dr. Geren and was given Neo Poly Dex that seems to 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 ; 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</p>	1
General/Family Practice	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE		1
General/Family Practice	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	Afferent pupillary defect, left	
General/Family Practice	Approval	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.	1

General/Family Practice	Approval	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	1
General/Family Practice	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This is a request for a Face 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.; Abnormal eye exam per local oph. Recent exam per specialist and has suspicious findings for	1
General/Family Practice	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< 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	1
General/Family Practice	Approval	70544 Mr angiography head w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < 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 >; < 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	1

General/Family Practice	Approval	70544 Mr angiography head w/o dye	< 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 >; It is not known if < 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	1
General/Family Practice	Approval	70544 Mr angiography head w/o dye	< 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.; headache; 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	Approval	70544 Mr angiography head w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 5-2-2017; There has been treatment or conservative therapy.; constant headaches, family history of aneurisms; Muscle relaxer for headache and ; This study is being ordered for a neurological disorder.; 1 week; There has been treatment or conservative therapy.; new headache with dizziness;	1
General/Family Practice	Approval	70544 Mr angiography head w/o dye		1

General/Family Practice	Approval	70544 Mr angiography head w/o dye	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.; 06/21/2017; There has not been any treatment or conservative therapy.; Pt has severe headache . Facial drop . Numbness and tingling Patient is having dizziness and worsening headache. The dizziness and headache started 06/23/2017 and have continued to get worse. The hydrocodone is not helping with the headache.; This study is being ordered for a neurological disorder.; Headache started 06/23/2017 with dizziness and vision changes.	1
General/Family Practice	Approval	70544 Mr angiography head w/o dye	Headache and dizziness are worsening.; There has been treatment or conservative therapy.; Dizziness and	1
General/Family Practice	Approval	70544 Mr angiography head w/o dye	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	2
General/Family Practice	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 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.	1
General/Family Practice	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 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.	1
General/Family Practice	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	2

General/Family Practice	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request 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	2
General/Family Practice	Approval	70544 Mr angiography head w/o dye	< 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	1
General/Family Practice	Approval	70547 Mr angiography neck w/o dye	The patient has had a recent MRI or CT for these symptoms.; This is a request for a Neck MR	1
General/Family Practice	Approval	70547 Mr angiography neck w/o dye		
General/Family Practice	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; 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.	8
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		6

General/Family Practice	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; 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, < 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 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	1
General/Family Practice	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 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	1
General/Family Practice	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 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 < 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	3
General/Family Practice	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	2
General/Family Practice	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	2

General/Family Practice	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 has a sudden and severe headache.; The	1
General/Family Practice	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; 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	2
General/Family Practice	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	1
General/Family Practice	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.; 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	1

General/Family Practice	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.; 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,	1
General/Family Practice	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.; The patient has a sudden change in mental status.; It is	1
General/Family Practice	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.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic	1
General/Family Practice	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.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic	1
General/Family Practice	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.; This study is being ordered for seizures.; It is unknown if there has there been a change in seizure pattern or a	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< 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	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < 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 >; < 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 < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 3/2016; There has been treatment or conservative therapy.; IRRATRACTABLE HEADACHES DAILE, RECENT SYNCOPE EPISODES, SPASMS IN SHOULDER AND NECK, VOMITING.; MEDICATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 7-6-17; There has been treatment or conservative therapy.; aphasia , mental < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 8/22/2017; There has been treatment or conservative therapy.; back pain, tremors, headaches, blurred vision. lesions seen on l spine from prvious MRI; medication, X ray; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 8/24/17; There has not been any treatment or conservative therapy.; blurred vision, headaches, hypetension; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; about a week ago; There has not been any treatment or conservative therapy.; trembling, weakness in arms and hands, pressure/pain in the 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	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; March 2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Congenital Anomaly.; 7/5/17; There has not been any treatment	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< 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 >; It is not known if	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< 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 >; 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, < 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.; 05/01/2017; There has not been any	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< 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.; 9/5/2017; There has been treatment or conservative therapy.; ; NSAIDS & HEP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< 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	

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< 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.; September 19th; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < 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	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< 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; 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	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< 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.; headache; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 5-2-2017; There has been treatment or conservative therapy.; constant headaches, family history of aneurisms; Muscle relaxer for headache and	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; OVER 6 MONTHS; There has not been any treatment or conservative therapy.; headaches,	1
General/Family Practice	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
General/Family Practice	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	1
General/Family Practice	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.; It is unknown if there recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.;	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	There is a new and sudden onset of a headache less than 1 week not improved by medications.; It is not	1
General/Family Practice	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.	5
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	2

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	2
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.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This	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	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM 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	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 1 week; There has been treatment or conservative therapy.; new headache with dizziness;	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for Inflammatory/ Infectious Disease.; 8/14/17; There has been treatment or conservative therapy.; R eye red for the past 15 days. Was swollen up like a balloon. Denies eye trauma. Was seen at our other clinic and was given steroids IM and PO. Made swelling in eye better. Went to Sparks ED 5 days ago and was given a cream to put on the eye lid tha; Was seen at our other clinic and was given steroids IM and PO. Made swelling in eye better. Went to Sparks ED 5 days ago and was given a cream to put on the eye lid that helped too. Saw Eye Group Dr. Geren and was given Neo Poly Dex that	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.; ; It is	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1. Headache  1. Patient reports that she was told at her last visit to take magnesium to see if they will help the "squeezing" in her feet that goes all the way up her legs. States that it was just her left leg but now its both. When it happens it feels as if she is w; 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,	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	2. headache 	
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	2. mental status changes  53 yr old male w/ syncope and collapse; fallen several times; 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	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Blurred vision Brain Ct abnormal; 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	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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 BYPASS CLINICALS; 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, Chaira 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 chronic headaches , persistent for 6 months and getting worse; 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	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	chronic Hx of headaches/neck pain, said it was worst headache she ever had, decreased rom to C spine with tenderness, pain with twisting 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.; 08/10/2017; There has been treatment or conservative therapy.; headache, neck pain; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, Chronic persistent headaches; This study is being ordered for a neurological disorder.; 8/2017; There has been treatment or conservative therapy.; Headaches CT of sinuses shows moderate dilation of the lateral and 3rd ventricles.; 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	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Description	
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	DIZZINESS,PHOTOPHOBIA,NAUSEA,BP-NORMAL,1. headache  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	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Enter answer here - or Type In UnMr. Hicks presents with bipolar I disorder, most recent episode (or current) manic, severe specified with psychotic behavior. Current medications include Saphris started inpatient at Brideway. Current affective symptoms ; 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.;	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	EXTREMITY WEAKNESS; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring F/u on pituitary 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;	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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, father was recently diagnosed with Chiara malformation , constant headache x 3 months; This study is 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
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	HEAD AND NECK: DECREASED ROTATION	

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Headache and anxiety; 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	HISTORY OF CAD; 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	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	history of mental health do. He stopped taking medication for a period. Aphasia started around this time. Back on his meds. Still Aphasia; 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
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	History of seizures and migraines; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; It is not known if there has been a previous Brain MRI completed.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	in the ER with unilateral episodes of dizziness, tremor, falling and shake ER consulted his neurologist and MRI brain requested ASAP; 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 an aneurysm.; This study is being ordered for neurological deficits.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	new onset headache L side temple area, persistent, and progressive; 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 new persistent daily headache for last two weeks has failed following meds topamax, imitrex, propranolol. headache accompanied by muscle aches, body aches and 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	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	No obvious visual abnormalities; 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.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	none.; 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	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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.	2
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	none; 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.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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.; 06/21/2017; There has not been any treatment or conservative therapy.; Pt has severe headache . Facial drop . Numbness and tingling	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient complains of headache located in the left temporal area, left frontal area, right temporal area and in the right frontal area. Onset 2 months ago and was sudden. Onset followed physical activity. The episodes last for 4 weeks described as severe an; 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

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Patient had a CT and labs done in the ER that were within normal limits.; 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.</p>	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>PATIENT HAD A CT DONE AND IT WAS ABNORMAL. THE PATIENT HAS BEEN HAVING SYNCOPE EPISODES, VOMITING, SWEATING AND SHAKING.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It patient has a history of cancer. She has been experiencing vision changes, severe headaches, and left foot numbness.; 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</p>	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>PATIENT HAD A CT DONE AND IT WAS ABNORMAL. THE PATIENT HAS BEEN HAVING SYNCOPE EPISODES, VOMITING, SWEATING AND SHAKING.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It patient has a history of cancer. She has been experiencing vision changes, severe headaches, and left foot numbness.; 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</p>	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>patient has had headache for more than 3 months and isn't getting any better; 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</p> <p>Patient has had Vertigo ongoing for 2-3 years, accompanied with 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.; 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</p>	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Patient has nausea/vomiting with the classic migraine headaches. She does have photophobia & phonophobia with these 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.; There is not a family history (parent, sibling or child of the patient) of AVM (arteriovenous malformation).</p>	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has new onset seizures, has had 2 recently.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; It is not known if there has been Patient having migraine for 2 years, frequency is increasing and intervals are decreasing and severity is increasing. Aura, photosensitivity is increasing, recent episode associated with disorientation and syncope; This request is for a Brain MRI; The study is being	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient is having dizziness and worsening headache. The dizziness and headache started 06/23/2017 and have continued to get worse. The hydrocodone is not helping with the headache.; This study is being ordered for a neurological disorder.; Headache started 06/23/2017 with dizziness and vision changes. Headache and dizziness are worsening.; There has been treatment or conservative therapy.; Dizziness and worsening headache; Patient was given hydrocodone and Zofran when she went to the ER on June 23.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient is having issues with 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/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	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	PATIENT PRESENTS TO CLINIC WITH CHRONIC HEADACHES. PAOIN IS IN BACK OF NECK/POSTERIOR HEAD RADIATING AROUND TO TENDONS. PATIENT FELL 9/26/2016 FROM A TREE STAND AND HAD CEREBRAL HEMORRHAGE.; 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	Patient reports throbbing, tightness, and piercing/stabbing (lancinating) but reports similar to previous headaches. She reports nausea, photophobia, dizziness, and sore throat but reports no vomiting, tearing/watery eyes, no confusion, no slurred speech;; 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	Patient states that he was in a real bad wreck 02/15/17 and suffers from Head trauma, Depression and PTSD. States that he still has problems looking at the double line on the road. States that he is unable to taste anything and has numbness on right side ; 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.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient today reports numbness in her left arm, pain radiation;	

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Persistent headaches, failed medications. Never had a mri or ct of head to evaluate; 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	pt experiencing breast hypertrophy,elevated prolactin and estrogen levels,low testosoterone levels; 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.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt has CA.; 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
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pt has headaches which are newly onset and occur daily. pt has family history of brain tumor. Symptoms of N/V are getting worse.; This request is for a Brain MRI; The study is being requested for evaluation of a	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt has returned to the clinic with worsening s/s. Pt reports staying "off-balance", hx of spinal stenosis and weakness-especially on the (R) side. Reports dizziness, fine jerking movements of the extremities, decreased ROM of (L) shoulder; unable to raise ; This study is being ordered for trauma or injury.; 2016; There has been treatment or conservative therapy.; Pt has returned to the clinic with worsening s/s. Pt reports staying "off-balance", hx of spinal stenosis and weakness-especially on the (R) side. Reports dizziness, fine jerking	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pt has vertigo, dizziness, and ataxia; 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	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	PT HAVING LLQ PAIN, HEPATITIS C, FREQ UTI'S, HEMATURIA. Pt here last week with c/o fatigue. Has hx of thyroid tumor removal without f/u in several years- thyroid panel done last week was unremarkable. The past few months pt has been not sleeping well- reports about 2 hours of sleep each night- describes diffic; This request is for a Brain MRI; The study is being requested for	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt is having memory loss/dementia. Dr Throneberry is wanting a MRI to evaluate; 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 PT IS HAVING A RINGING PULSATILE TINNITUS. PT HAD NORMAL EXAM AND AUDIO. UNSURE OF SOURCE; 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	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pt is having headaches, also has history of tumor.; 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	Pt reported chronic reoccurring 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.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness,	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt suffers with sudden onset to fainting. Has fainted several times in previous week.; 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	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pt was falling and experiencing gait problems x2 months per patient. then 7/19/17 pt had mva. contusions and scalp lacerations.; 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. Pt. reports worsening memory loss and episodes of disorientation. Reports forgetting where she is at times. Also complains of worsening headaches and blurred vision at times.; This request is for a Brain MRI;	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient R/O etiology for vertigo and dizziness; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; It	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	r/o TIA	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	r/o tumor or ms; This study is being ordered for a neurological disorder.; 08/10/2017; There has not been any treatment or conservative therapy.; numbness/tingling in upper/lower extremity; hand weakness and lower extremity; loss sensation the shoulders to feet; neuro deficits; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The recurrent right sided 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	Rule out mass; 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 Ruling out demyelinating disease. Patient has cord signal change on cervical MRI without stenosis.; 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 She has had increased amount of 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	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	She has intermittent episodes of paresthesias, numbness, subjective weakness which is migratory. It is usually isolated to a single limb such as her arm or leg. Occasionally she has facial symptoms. Symptoms usually last a few minutes to a few hours and t; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; She has intermittent episodes of paresthesias, numbness, subjective weakness which is migratory. It is usually isolated to a single limb such as her arm or leg. Occasionally she has facial symptoms. Symptoms usually last a few minutes to a few hours and t; There has not been any treatment or conservative therapy.;	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	She has intermittent episodes of paresthesias, numbness, subjective weakness which is migratory. It is usually isolated to a single limb such as her arm or leg. She is having phonophobia, vertigo, headaches. ITs throbbing and pulsating without relief. She has been seen before for this and medication is not improving symptoms.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The She reports weakness, frequent or severe headaches, and decreased balance ,restless legs.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has fatigue or since this is ambetter, it will go to review automatically, will just fax notes.; 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	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Sudden onset of vertigo and nausea of moderate degree. Has recurred 3-4 times over past 3 days and does not seem to be improving. Neuro, cardiac exam is normal. Hx of HTN, high stress occupation.; 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 Syncope; 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	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	The patient recently was admitted to the hospital with a diagnosis of new onset congestive heart failure accompanied by sepsis due to renal calculi. He was started on several new medications and has since developed uncontrollable head bobbing.; 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	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	The Pt has staring spells, 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 not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	5
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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	3
General/Family Practice	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; 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.	1

General/Family Practice	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; The condition is associated with headache, blurred or double vision or a change in	2
General/Family Practice	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.; It is not known if there are recent neurological symptoms or deficits such as one sided weakness,	1
General/Family Practice	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	3
General/Family Practice	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 recent neurological symptoms or deficits	26
General/Family Practice	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	187

General/Family Practice	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.; It is unknown if there 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	4
General/Family Practice	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	12
General/Family Practice	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 recent neurological deficits on exam such as one sided	97
General/Family Practice	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 had a thunderclap headache or worst headache of the	16
General/Family Practice	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 one sided arm or leg weakness.; The patient has a sudden and severe headache.; The patient had a recent	5
General/Family Practice	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.; 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.	1

General/Family Practice	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.; This headache is not described as sudden, severe or chronic recurring.; The headache is presenting with a sudden	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.; 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,	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.; 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	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.; 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	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.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; It is not known if the patient has undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are recent neurological symptoms or deficits such as one-	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.; 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 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	19
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 associated with headache, blurred or double vision or a change in 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	35
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 associated with headache, blurred or double vision or a change in 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	8
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 associated with headache, blurred or double vision or a change in 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	7
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		9

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	4
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	4
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 new, intermittent symptoms or deficits such as one sided weakness,	10
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 infection or inflammation; The patient has a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid	2
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 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	2

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; It is not known if the patient has undergone treatment for multiple sclerosis.; There are intermittent or new neurological	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 intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	12
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	4
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 seizures; There has not been a previous Brain MRI completed.	23
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 stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	37
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 been completed to determine tumor tissue type.	4

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>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.; It is not known if there is 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 not been a previous Brain MRI completed.; This is NOT a Medicare member.</p>	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>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.; The tumor is a pituitary tumor or</p>	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>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</p>	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 a pituitary tumor or pituitary adenoma.; There are	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 recent neurological symptoms such as one-sided weakness, 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.; 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.; The tumor is a pituitary tumor or	11
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; 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.	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 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	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.; 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 stroke or TIA (transient ischemic attack).	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 a tumor.	8
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.; There has been a change in seizure pattern or a new seizure.	8

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Tinnitus, Auditory Pulsations, and Unsteady Gait - MRI of the right IAC ordered to r/o an acoustic neuroma. Consider avoidance of caffeine, chocolate & tea.; 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	Trying to R/o Pituitary Tumor; 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.	1

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.; 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). 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 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.	1
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.; 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	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.; The patient has a chronic or recurring headache.	2

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.; The patient has dizziness.; The patient has a sudden and severe headache.; The patient had a recent onset	1
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.; 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	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; 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	Unknown; This study is being ordered for a neurological disorder.; 03/24/2017; There has been treatment or conservative therapy.; ; 03/24/2017 - NSAIDS and 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	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; 06/04/2017; There has been treatment or conservative therapy.; patient is having reduculapahty in arm and leg, problem talking and	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM 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.; 08/07/2017; There has been treatment or conservative therapy.; headache; medication	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This study is being ordered for trauma or injury.; unknow; There has been treatment or conservative therapy.; Migraine HA, backache, nausea; medication, exercises, pain management bed rest	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Vertigo, headache onset 2 months ago, daily headaches, nausea, vomiting and dizziness, near fainting, light headedness, spinning, tilting, turning head and car rides makes dizziness worse; 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	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	will fax in; 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 results of the previous brain MRI are unknown.	1

General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Will Upload Doc; This study is 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 2015; It is not known if there has been any treatment or conservative therapy.; Lower EXT 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	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	worsening confusion and disorientation times 2 days, headaches. Fatigue and weakness. patient is in observation. Was seen at hospital last week for Cystocele.; 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 is experiencing fatigue or malaise.	1
General/Family Practice	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	WORSENING HA; 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	worsening headaches with visual disturbances; 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	71250 CT CHEST, THORAX		8
General/Family Practice	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	30
General/Family Practice	Approval	71250 CT CHEST, THORAX	"The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; 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	2
General/Family Practice	Approval	71250 CT CHEST, THORAX	"The ordering physician is not a surgeon, pulmonologist, or cardiologist."; 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	1
General/Family Practice	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	166
General/Family Practice	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	3

General/Family Practice	Approval	71250 CT CHEST, THORAX	"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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "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	3
General/Family Practice	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "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	11
General/Family Practice	Approval	71250 CT CHEST, THORAX	< 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	17
General/Family Practice	Approval	71250 CT CHEST, THORAX	< 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.; It is unknown if the patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.;	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	< 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	2

General/Family Practice	Approval	71250 CT CHEST, THORAX	<p>&lt; 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 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</p>	2
General/Family Practice	Approval	71250 CT CHEST, THORAX	<p>&lt; 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 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</p>	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	<p>&lt; 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 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</p>	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	< 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 a Breast MRI, CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	< 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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	< 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 physician is not a hematologist/oncologist.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; 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	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 7/2017; There has not been any treatment or conservative therapy.; nodule on lung -	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 1/11/2016; There has not been any treatment or conservative therapy.;	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	< 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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	< 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.; 7/31/17; There has not been any treatment or conservative therapy.; Patient has pulmonary nodules, nausea , abdominal pain, tenderness, urinary tract infection with out hematuria,.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT,	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	. &#xOD;	
General/Family Practice	Approval	71250 CT CHEST, THORAX	. Abnormal CXR .suspicious for emphysema in bilat lower lungs 30+ pack year hx - Assessment&#xOD;	

General/Family Practice	Approval	71250 CT CHEST, THORAX	. Respiration rhythm and depth was abnormal and abnormal breath sounds/voice sounds were heard decreased breath sounds were heard. ; "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	
General/Family Practice	Approval	71250 CT CHEST, THORAX	; "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	2
General/Family Practice	Approval	71250 CT CHEST, THORAX	; "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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	; 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	2
General/Family Practice	Approval	71250 CT CHEST, THORAX	; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; It is unknown if the patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.;	6
General/Family Practice	Approval	71250 CT CHEST, THORAX	; 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
General/Family Practice	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 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	2

General/Family Practice	Approval	71250 CT CHEST, THORAX	<p>; 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 ; This study is being ordered for Inflammatory/ Infectious Disease.; 05/19/2017; There has been treatment or conservative therapy.; fever, fatigue, elevated sed rate.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty ; This study is 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.; pt needs ct chest to eval nodules, needs abdomen/pelvis for clearance for melanoma of skin.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p>	2
General/Family Practice	Approval	71250 CT CHEST, THORAX	<p>; 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 ; This study is being ordered for Inflammatory/ Infectious Disease.; 05/19/2017; There has been treatment or conservative therapy.; fever, fatigue, elevated sed rate.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty ; This study is 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.; pt needs ct chest to eval nodules, needs abdomen/pelvis for clearance for melanoma of skin.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p>	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	<p>; 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 ; This study is being ordered for Inflammatory/ Infectious Disease.; 05/19/2017; There has been treatment or conservative therapy.; fever, fatigue, elevated sed rate.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty ; This study is 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.; pt needs ct chest to eval nodules, needs abdomen/pelvis for clearance for melanoma of skin.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p>	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	<p>; 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 ; This study is being ordered for Inflammatory/ Infectious Disease.; 05/19/2017; There has been treatment or conservative therapy.; fever, fatigue, elevated sed rate.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty ; This study is 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.; pt needs ct chest to eval nodules, needs abdomen/pelvis for clearance for melanoma of skin.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p>	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	; This study is 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 1 year Follow up CT nodule mass; "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 19 year old male with subaxillary nodule on the right side, very painful and increasing in size.; "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 3 month follow up of LDCT-Chest from 05/30/17 that showed infiltrates in the left lower lobe with air bronchogramming. Additional small infiltrative changes seen in the anterior aspect of the right upper lobe, lingual, and possibly the right lung base alt; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being 5/15/17 CT Chest- multiple bilateral nonspecific noncalcified pulmonary nodules measuring up to 5-6 mm. 3 Month follow up CT chest recommended to evaluate stability; A Chest/Thorax CT is being ordered.;	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	52-year-old male with concern for aortic 6 mm and 2-3mm nodule found on CT 7/20/16. Follow up according to Fleischner criteria.; 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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX		1

General/Family Practice	Approval	71250 CT CHEST, THORAX	6 mo f/u of solitary lung nodule; "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 6 month f/u; "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 A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request	1
General/Family Practice	Approval	71250 CT CHEST, THORAX		1
General/Family Practice	Approval	71250 CT CHEST, THORAX		33
General/Family Practice	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 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	6
General/Family Practice	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 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	4

General/Family Practice	Approval	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	46
General/Family Practice	Approval	71250 CT CHEST, THORAX	A non-contrast CT was performed for a hernia. Results of the Ct stated a CT with contrast should be done for renal mass and pulmonary nodules found.; 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.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Abdominal pain, blood in feces from july 06 2017 right upper quadrant pain and left upper quadrant pain ABNORMAL CHEST XRAY 9/19/2017; "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 abnormal chest x-ray; cardiomegaly; hx of smoker; dyspnea with exertion; decreased BS on L and decreased BS on R. Chest x-ray showed infiltrates, inflammation, enlarged heart, RLL calcification; elevated Right hemidiaphragam; 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 Abnormal CXR r/o mass; "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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX		1
General/Family Practice	Approval	71250 CT CHEST, THORAX		1
General/Family Practice	Approval	71250 CT CHEST, THORAX		1

General/Family Practice	Approval	71250 CT CHEST, THORAX	ABNORMAL FINDING ON X RAY 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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	ABNORMAL POSSIBLE R MIDDLE LOBE LESION, DON 9/14/17; 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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Abnormal xray records to be obtained. Proceed with CT. Lab drawn. Mammogram ordered. Current medications to be continued. F/u after CT has been completed; This study is being ordered for Inflammatory/ Infectious Disease.; 2014; There has been treatment or conservative therapy.; Positive for	
General/Family Practice	Approval	71250 CT CHEST, THORAX	Additionally, she presents with history of cough. it has been present for the past 3 days. Respiratory symptoms include cough and sinus pressure. Other symptoms include allergy symptoms, body aches, eye watering and nasal discharge. Sputum is describe; "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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	mass.; Yes this is a request for a Diagnostic CT Ascending Aortic Aneurysm; 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	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	caller requested to bypass clinicals; 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 Chest CT performed on 8/30/2016 showed a 6 mm nodule. Recommended 1 year 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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	chest xray showed heart had increase in size concern for pericardial infusion or mild pulmonary edema; 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
General/Family Practice	Approval	71250 CT CHEST, THORAX	chest xray showed pulmonary nodule in left lower 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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	CHILLS,CHILLS/RIGORS,FATIGUE,FEVER.NIGHTSWEATS, COUGH,DYSPNEA,ABDOMINAL PAIN,DIARRHEA,NAUSEA,VOMITING; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ; COURSE OF aUGMENTIN AND ALBUTEROL INHALER PRN,COMPLETED 5 DAY COURSE OF PREDNISONE	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	Chronic 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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	COPD; Dyspnea; flattened diaphragm; rt perihilar nodules; "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
General/Family Practice	Approval	71250 CT CHEST, THORAX	CT ABDOMEN W DONE 9/22/2017 IMPRESSION: There is a 1.6 x 0.7 cm subpleural nodule right lower lobe. There is a 1.2 x 1.0 cm nodule right lower lobe, Recommend follow-up CT chest for further evaluation; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	CT chest done on 2-21-17 showed a 7-mm noncalcified nodule in the lingula. follow up ct scan in six month recommended to ensure 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 Document Uploaded.; 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	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	Due to widening superior mediastinum.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Dx with precordial chest pain; the discomfort is located primarily in the in the center of the chest. It radiates to the epigastrium. There are no identifiable aggravating factors. Associated symptoms include anxiety and diaphoresis. She denies associ; 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
General/Family Practice	Approval	71250 CT CHEST, THORAX	evaluate pulmonary nodule; 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
General/Family Practice	Approval	71250 CT CHEST, THORAX	family history of malignant neoplastic disease; "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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Feels blockage in her throat, decreased appetite, f45.8; 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

General/Family Practice	Approval	71250 CT CHEST, THORAX	Follow up after treatment for pneumonia.; 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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Follow up bc previous Chest CT displayed a 2.4 cm legion in the right lower lobe.; "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
General/Family Practice	Approval	71250 CT CHEST, THORAX	FOLLOW UP CT OF 3MM NODULE ON LEFT LOWER LOBE FOUND MAY 2015; 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
General/Family Practice	Approval	71250 CT CHEST, THORAX	Follow up from CT done on 03/14/2017 that showed a small, subcentimeter speculated density along the anterior lateral aspect of the right lower lobe.; "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

General/Family Practice	Approval	71250 CT CHEST, THORAX	FOLLOW UP TO CT DONE ON 05/04/17 which REVEALED 9X8mm Non calcified nodule in right lower lobe; "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
General/Family Practice	Approval	71250 CT CHEST, THORAX	Former smoker X11 years. Abnormal CXR showing a right lower lobe nodule. Needs further evaluation with CT Chest.; "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
General/Family Practice	Approval	71250 CT CHEST, THORAX	Former smoker; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/27/2017; There has not been any treatment or conservative therapy.; Pt suffers with SOB, abnormal x-ray, and lung nodule.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	given h/o domestic abuse we are requesting a CT to look for any evidence of old fractures. Given her history of tobacco abuse we also need to rule out any lung masses; This study is being ordered for trauma or injury.; 2014; There has been treatment or conservative therapy.; left chest wall pain and abdominal pain. patient also has a history of tobacco use; patient has been seeing a chiropractor	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	had abnormal chest xray. Pulmonary nodule found left upper lobe 9mm second nodule in the right 12mm. Recommendation for further imaging.; 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 Has COPD, 30yr history of smoking a pack and a half a day; 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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX		1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Has had in the past a chest x-ray that shows calcified granuloma to the left hilar and a right upper lobe anterior and mediastinal area. Bilateral calcified granulomas.; 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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Hx of breast cancer and pt with multiple symptoms worrisome for metastatic disease including shortness of breath, bone pain, abd mass, and weight loss.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	hx of prostate cancer with metastatic disease on the rt 8th rib.; 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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	hx of pulmonary nodule- CT scan of lung repeat in 6 mo dated 08/23/16. pt never had her CT scan of the lung repeated. Pt stopped smoking cigarette, however pt vapes; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	I am uploading clinical notes.; "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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	study is being ordered for work-up for suspicious Impression: 	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	It is not known if there is radiologic evidence of mediastinal widening.; There is 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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	It is not known if there is radiologic evidence of non-resolving pneumonia.; It is not known if there is radiologic evidence of asbestosis.; < Enter answer here - or Type In Unknown If No Info Given. >; "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."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not	2
General/Family Practice	Approval	71250 CT CHEST, THORAX	known if there is radiologic evidence of	2

General/Family Practice	Approval	71250 CT CHEST, THORAX	It is not known if there is 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."; "There is no 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 pneumoconiosis e.g. black lung disease or silicosis.; A Known lung nodule; "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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Lost 5 lbs unintentionally. Due for cancer screenings. Wheezing.; 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.; It is unknown if the patient has signs or symptoms	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or lung nodule found on xray; 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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	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 non of the above.; Yes this is	2
General/Family Practice	Approval	71250 CT CHEST, THORAX	lymph node enlarged; 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	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	malignancy work up for 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.; 4/28/2017; There has been treatment or conservative therapy.; history of Mbr has a Hx of cancer; "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 multiple lung nodules were noted in a CT of the abdomen and pelvis on 02/14/2017. We need a follow up CT of the chest to monitor these nodules.; "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 New patient, sob 3 weeks, coughing up blood, and vomiting.; "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 Nodule noted on CT performed in January 2017 that requires further follow up. Recommended follow up was 6 months from original scan.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Nodules were found on the lungs on Xray, and pt had a cough for 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.; The patient did NOT have 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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX		1
General/Family Practice	Approval	71250 CT CHEST, THORAX		1
General/Family Practice	Approval	71250 CT CHEST, THORAX		1
General/Family Practice	Approval	71250 CT CHEST, THORAX		1

General/Family Practice	Approval	71250 CT CHEST, THORAX	None; 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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Not in the last thirty day but there is a record of; "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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	P had Ct in 01.2017 reflected suspicious area recommended 6 month follow up; "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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Patient coughing up blood and has a suspicious mass on the right side of lung on x-rays today.; "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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	PATIENT HAD A CAR WRECK NOV 2016, T BONED ANOTHER CAR, HAS SINCE THAN GOT WORSE. HAD A CT DONE 02/2017 WITH ABNORMAL FINDINGS WITH RETICULONODULAR AND GROUNDGLASS DENSITIES FOND IN THE MIDDLE LOBE AND LEFT LOWER LOBE WHICH ARE LIKELY INFLAMMATORY.; A Chest/Thorax CT is being ordered.; The study is being ordered for	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Patient had a Chest x-ray done and radiologist seen pulmonary nodules that were not seen on previous images for six months prior. Radiologist suggested a CT of the chest to be done with contrast.; "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	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	Patient had a CT in October and the radiologist found the pulmonary nodules and wanted her to get a baseline chest CT without contrast.; "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
General/Family Practice	Approval	71250 CT CHEST, THORAX	Patient had a x ray done which suggest ct for futher evaluation.; 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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Patient has a Chest CT done on 1/31/17 that showed a 1 cm Pulmonary nodule, he is needing a 6 month follow up CT to make sure it hasn't changed in size.; "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

General/Family Practice	Approval	71250 CT CHEST, THORAX	Patient has a know lung nodule noted on plain film Chest X-ray and previous CT scan of the Chest. Advised to get a follow up CT scan of Chest to evaluate the nodule; "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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Patient has a suspicious infiltrate; "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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Patient has dyspnea on exertion and cough.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Patient is a current everyday smoker, she smokes a pack and half a day. unexplained coughing, has been on antibiotics and patient didn't improved at all.; 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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Patient is a smoker for more than 30 years. Patient has a family history of cancer.; 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	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	Patient is having fatigue, loss of appetite, and soreness to the area. Tender to touch.; "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 screening of lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Patient recently had a MRI of right shoulder, it showed multiple enlarged right axillary lymph nodes. Radiologists recommended a CT Chest.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Patient presented with new onset cough with blood tinged sputum. Associated symptoms include headache. Patient has family history of lung cancer.; 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 Patient recently had a MRI of right shoulder, it showed multiple enlarged right axillary lymph nodes. Radiologists recommended a CT Chest.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Patient resented with decreased breath sounds, history of smoking and density of left lateral chest on xray.; 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
General/Family Practice	Approval	71250 CT CHEST, THORAX	Patient states he has had chest pain but recalls that a few weeks ago he had a piece of machinery hit his chest at work and his chest is painful to palpation.; 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

General/Family Practice	Approval	71250 CT CHEST, THORAX	Patient was found to have a pulmonary nodule in both left and right lung fields. Patient has previous history of smoking. Nodules are noncalcified. Need to rule out malignancy.; "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
General/Family Practice	Approval	71250 CT CHEST, THORAX	Patient with COPD, shortness of breath, and nicotine use.; 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
General/Family Practice	Approval	71250 CT CHEST, THORAX	PATIENT WITH LUMP IN UPPER CHEST, SHORTNESS OF BREATH AND SWELLING. XRAY WAS NEGATIVE FOR ACCESSORY RIB, INFILTRATION, ETC.; 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
General/Family Practice	Approval	71250 CT CHEST, THORAX	patients has abnormal labs and abnormal ultra sounds; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	Pneumonia, fever greater than 101 X 1 month, elevated white count that is unresolved, history of pulmonary nodule (left side); "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
General/Family Practice	Approval	71250 CT CHEST, THORAX	Previous imaging revealing a pulmonary abnormality and a follow up was recommended.; "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
General/Family Practice	Approval	71250 CT CHEST, THORAX	PT C/O ABDOMINAL PAIN, BLOATING, AND HEMATOCHYZIA. ALSO HAVING SOME DYSPNEA.; One of the studies being ordered is a Breast MRI, CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Pt COPD ,HCC, smoke 11/2 pack a day; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Pt had a chest xray shows an abnormal area involving the left lung base; this is for further evaluation; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	PT HAD A CT IN JUNE/2017 IN THE ER AND IT WAS RECOMMENDED TO HAVE A FOLLOW UP CT IN 3 MONTHS; "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	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	Pt had a cxray that showed a lung nodule and radiology rec'd ct of chest.; "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 none of the above.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Pt had MRI and showed pulmonary 4.6cm 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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	PT HAD X RAY , COPD, AND CHEST NODULE; 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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	pt has an unexplained weight loss.pt has lost 15 pounds in less than 2 months. pt is a chronic smoker.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Pt has had a productive cough for six months; normal x-rays and multiple rounds of antibiotics without benefit.; 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

General/Family Practice	Approval	71250 CT CHEST, THORAX	pt has pleural effusion and history of lung cancer (right lower lobe removed); A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is 81 years old or older.; 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
General/Family Practice	Approval	71250 CT CHEST, THORAX	pt has popping in his chest; 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
General/Family Practice	Approval	71250 CT CHEST, THORAX	pt is having shortness of breath, chest x-ray was noted with a lung nodule and recommended a ct be done for further eval; "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
General/Family Practice	Approval	71250 CT CHEST, THORAX	Pt with an abnormal finding on diagnostic mammogram. Radiologist recommends a CT chest with contrast	
General/Family Practice	Approval	71250 CT CHEST, THORAX	PULMONARY NODULE SHOWN ON A CT. 1 YEAR 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	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	Questionable 8mm right lower lobe pulmonary nodule. Radiologist recommends follow up chest CT.; 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
General/Family Practice	Approval	71250 CT CHEST, THORAX	r/o cancer for nodules in lungs; "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 r/o mass. hx of 25 year smoking. generalized edema, fatigue.; "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
General/Family Practice	Approval	71250 CT CHEST, THORAX	Recommended 1 year follow up from lung nodule 15mm; "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
General/Family Practice	Approval	71250 CT CHEST, THORAX	RIGHT LUNG MASS NOTED ON CHEST CT 05/12/2016 X 2. FOLLOW UP 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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	She has been diagnosed with Barrett's Esophagus. She describes what sounds like multiple Schatzki's rings in her esophagus. She also describes esophagus spasms. Would like to get CT chest and abdomen with contrast to see if exrtinisic lesion in chests is ; One of the studies	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	She has had chest pain, solitary pulmonary nodule, and Right lower lobe. She had an abnormal scan result.; 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 She is a heavy longtime smoker, has been steadily losing weight over the past year. She has a chronic cough, no hemoptysis. She had a normal chest x-ray in Jan.; 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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	She presents to clinic today to discuss her CT she had done that showed she had a thyroid nodule and also a chest nodule. She is very concerned about these facts and wanted me to be aware of it. The nodule on the thyroid is 11 mm which may be too small to; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being shortness of breath, chest pain; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.;	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	This study is being ordered for work-up for suspicious Solitary nodule of lung, follow up CT, right lower lobe nodule, follow up from previous CT, 4mm noncalcified pulmonary nodule right lower lobe image 5 series 4.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	Subtle increased opacity projects posterior to the	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	SUGGESTED BY RADIOLOGIST; 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 The ordering physician a Surgeon, Pulmonologist, or Cardiologist.; 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 The patient had a right hilar enlargement on her chest xray. She has a history of tobacco use.; 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 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 hemoptysis.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	The patient is complaining of SOB and CP. The patient states she has had trouble breathing for the last 9 weeks. Chest xray shows mass; "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 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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX		1
General/Family Practice	Approval	71250 CT CHEST, THORAX		1
General/Family Practice	Approval	71250 CT CHEST, THORAX		1

General/Family Practice	Approval	71250 CT CHEST, THORAX	The request is for a chest, thoracic or sterno-clavicular joint 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 not being requested prior to surgery or as part of lung biopsy.; "There is not suspicion of tumor, neoplasm, or metastatic disease.cxct"; This study is not for evaluation of lung fibrosis or pneumoconiosis.; There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; 6 month follow up known pulmonary module; The ordering physician a is NOT a Surgeon, Pulmonologist, or Cardiologist.;	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; The study is being There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; Pt is very sore, chest and epigastric area is hurting, tried medications w/ no relief, seen in the ER following MVA.; The ordering physician a is NOT a Surgeon, Pulmonologist, or Cardiologist.;	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; The There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; The ordering physician a is NOT a Surgeon, Pulmonologist, or Cardiologist.;	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being There is no radiologic evidence of non-resolving pneumonia.; "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 radiologic evidence of a lung abscess or empyema.;	2
General/Family Practice	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	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	2
General/Family Practice	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; < Enter answer here - or Type In Unknown If No Info Given. >; "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.	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; ; "The caller doesn't know if the ordering physician is 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	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	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.;	2
General/Family Practice	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; CT shows density, nodule or consolidation and some groundglass that could be post infectious.; "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.;	
General/Family Practice	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Duration of Symptoms: Start: 01/01/;	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; fluid in the lungs; "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	
General/Family Practice	Approval	71250 CT CHEST, THORAX		1

General/Family Practice

Approval

71250 CT CHEST,
THORAX

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Patient was seen on 08/01/17 and again on 08/17/17. Patient was having problem with wheezing and chest pain. Patient has been diagnosed with bronchitis, and lung nodule seen on chest xray done in clinic.; "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

1

General/Family Practice

Approval

71250 CT CHEST,
THORAX

There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Pt has had 4 weeks of persistent bronchitis without resolution after 2 rounds of antibiotics; "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

1

General/Family Practice	Approval	71250 CT CHEST, THORAX	There is not a known inflammatory disease.; There is not a known tumor.; < Enter answer here - or Type In Unknown If No Info Given. >; "The ordering physician is NOT an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; There is no known vascular disease.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the There is radiologic evidence of mediastinal widening.; 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 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 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 This CT is for follow up on a lung nodule that was noted on CT chest last performed 07/05/16.; "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 THIS IS A 6 MONTH FOLLOW-UP TO A PREVIOUS ABNORMAL CT OF CHEST THAT SHOWED MULTIPLE NODULES; "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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX		1
General/Family Practice	Approval	71250 CT CHEST, THORAX		17
General/Family Practice	Approval	71250 CT CHEST, THORAX		2
General/Family Practice	Approval	71250 CT CHEST, THORAX		1
General/Family Practice	Approval	71250 CT CHEST, THORAX		1

General/Family Practice	Approval	71250 CT CHEST, THORAX	this is a three month follow up from previous CT of chest to check status of Lung Mass; "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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	THIS PT HAS HAD AN XRAY AND IT SHOWS A SUSPICIOUS AREA IN HIS CHEST FIELD THAT NEEDS FURTHER INVESTAGATION.; "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
General/Family Practice	Approval	71250 CT CHEST, THORAX	This was supposed to be followed up on at an earlier date but it was not done.; "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 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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	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	2

General/Family Practice	Approval	71250 CT CHEST, THORAX	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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	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.; 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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	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 physician is not a hematologist/oncologist.	1

General/Family Practice	Approval	71250 CT CHEST, THORAX	unproductive cough sudden wt loss high bp; 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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	unsuspected Dyspnea;; 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 will get SOB in the heat or after exertion;; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being	1
General/Family Practice	Approval	71250 CT CHEST, THORAX		1
General/Family Practice	Approval	71250 CT CHEST, THORAX	X-RAY INTERPRETATION:  XRAY SHOWS LEFT CHEST MASS; "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	1
General/Family Practice	Approval	71250 CT CHEST, THORAX	year f/u - Pt had a Thorax CT in Sept 2016 and showed an abnormal nodule and recommended a f/u; "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	1

General/Family Practice	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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.	1
General/Family Practice	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	; 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.	1
General/Family Practice	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	53
General/Family Practice	Approval	71550 MRI CHEST	< Enter answer here - or Type In Unknown If No Info Given. >; 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.	1

General/Family Practice	Approval	71550 MRI CHEST	Meloxicam did not work.was given a steroid and ketorolac injection,however patient states it did not help. Tramadol also is not resolving her pain. Per Physical therapy note patient was unable to tolerate any therapeutic exercises for low back secondary t; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/2017; There has been treatment or conservative therapy.; Constant low back pain,described as sharp pain which radiates to both legs and feet. worse when she sits or stands for a long time or when she bends over. Pain also radiates to her left upper extremity with intermittent numbness. Rang of motion of her bac; Physical Therapy 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.	1
General/Family Practice	Approval	71550 MRI CHEST 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		1
General/Family Practice	Approval			1

General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	< 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.; ; There has not 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	1
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	< 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.; 8-3-2017; There has not been any treatment or conservative therapy.; neck pain, lrm, radiculopathy, headache, stroke, l arm numbness, cranial infection ; 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
General/Family Practice	Approval	72125 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.	1
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	ER Visit Type of outpatient facility: Emergency Room, Name of ER De Queen Regional ER, Date patient was seen at ER: 06/30/2017. 	1

General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Had MRI Cervical 09/11/2017. Need a CT for pseudoarthrosis; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT;	1
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	MRI show severe stenosis C6-7, Myelomalacia C4-5 Needs CT for a Pre Surgery evaluation; 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
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Patient had MRI cervical 07/06/2017. need to see surgical area; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; patient is having neck and shoulder pain, she has a nodule underneath left jaw. patient has had previous surgery--she has metal in her neck--as seen on x-ray;	1
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	pt had neck pain that is worse on the right side, range of motion has been affected and has pain when turning head. pt has a daith piercing that is permanent for migraine control and can not have MRI due to the metal in the piercing.; 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.; 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.	1

General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Pt requires MRI for surgical intervention and CT to evaluate prior fusion level; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Approx. 8 months ago; There has been treatment or conservative therapy.; Severe neck pain with radiculopathy into her shoulders bilaterally. The pain keeps her up at night with aching, burning and throbbing in the neck and shoulders. right arm weakness; 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
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	spinal lesion/mass on MRI, recommend CT scan for further imaging; 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
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	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, 	1
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		

General/Family Practice

Approval

72125 CT CERVICAL
SPINE, NECK SPINE NO
CONTRAST

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

General/Family Practice

Approval

72125 CT CERVICAL
SPINE, NECK SPINE NO
CONTRAST

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 follow-up surgery or fracture within the last 6 months.; There has been a supervised trial of conservative management for at least 6 weeks.; It is not known if the patient has been seen by or if 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 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.

1

General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	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 trauma or acute injury within 72 hours.; 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.	1
General/Family Practice	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 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 neurological deficits.; The patient is experiencing or presenting symptoms of radiculopathy.; There is a reason why the patient cannot have a Cervical Spine MRI.	4
General/Family Practice	Approval	72125 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; This study is being ordered due to neurological deficits.; The patient is experiencing or presenting symptoms of radiculopathy.; There is a reason why the patient cannot have a Cervical Spine MRI.	1
General/Family Practice	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	5

General/Family Practice	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	<p>Dr. Bumpass has seen and evaluated the patient with me today. We have discussed his history, symptoms, and reviewed the x-rays with the patient and his wife. His case is one that would likely respond well to surgical correction. We have discussed that ; This study is 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 pain, kyphosisRecently he has begun to experience numbness in both of his buttock cheeks. He describes pain in the left hip radiating down the lateral thigh and calf to the foot. He has pain in the right hip occasionally. He is very stiff in the m; He has been doing physical therapy for his back recently, though he can't tell that it has helped much. Using a TENS until helps with the tingling or crawling sensation he experiences in the mid-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</p> <p>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 CT.; The patient has had 3 or fewer Thoracic Spine CTs.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to trauma or acute injury</p>	1
General/Family Practice	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	<p>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 CT.; The patient has had 3 or fewer Thoracic Spine CTs.; There has not been a supervised trial of conservative management for at least 6 weeks.; The study is being ordered due to trauma or acute injury</p>	1

General/Family Practice	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	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	1
General/Family Practice	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	This is a request for a thoracic spine CT.; 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.; There is a reason why the patient cannot undergo a thoracic spine MRI.;	1
General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK		1
			Dr. Bumpass has seen and evaluated the patient with me today. We have discussed his history, symptoms, and reviewed the x-rays with the patient and his wife. His case is one that would likely respond well to surgical correction. We have discussed that ; This study is 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 pain, kyphosisRecently he has begun to experience numbness in both of his buttock cheeks. He describes pain in the left hip radiating down the lateral thigh and calf to the foot. He has pain in the right hip occasionally. He is very stiff in the m; He has been doing physical therapy for his back recently, though he can't tell that it has helped much. Using a TENS until	
General/Family Practice	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-	1
General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK		3

General/Family Practice	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	30
General/Family Practice	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	2
General/Family Practice	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 suspicion of lumbar spine neoplasm, tumor or metastasis.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	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	1
General/Family Practice	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	27

General/Family Practice	Approval	72131 CT LUMBAR SPINE, LOW BACK	Will Upload Doc; This study is 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 2015; It is not known if there has been any treatment or conservative therapy.; Lower EXT Weakness; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		15
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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.; It is not known if there is x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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.; The patient	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 1/2017; There has been < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 8/11/17; There has been treatment or conservative therapy.; Pain; 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	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; n/a; It is not known if there has been any treatment or conservative therapy.;	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; ongoing; There has been treatment or conservative therapy.; R LE AND weakness; orthopedic therapy, steroid injections, PT, OTC meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; over year; There has been treatment or conservative therapy.; tingling and numbness in right hand, burning and pain in hip and leg; PT, 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	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Congenital Anomaly.; 7/5/17; There has not been any treatment < 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 >; 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,	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< 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 been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; medication, chiropractic care	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>&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.; 03/14/2017; There has been treatment or conservative therapy.; tingling and numbness in her hands, headache, can't sleep because of pain, pain down her leg; PT, steroid dose packs, anti-</p> <p>&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.; September 19th; 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</p> <p>&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; 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</p> <p>&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 &gt;; It is not known if there has been any treatment or conservative therapy.; &lt;</p>	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>&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.; September 19th; 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</p> <p>&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; 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</p> <p>&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 &gt;; It is not known if there has been any treatment or conservative therapy.; &lt;</p>	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>&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; 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</p> <p>&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 &gt;; It is not known if there has been any treatment or conservative therapy.; &lt;</p>	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>&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; 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</p> <p>&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 &gt;; It is not known if there has been any treatment or conservative therapy.; &lt;</p>	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 7/6/17; There has been treatment or conservative therapy.; Decrease ROM, numbness and ; 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.; It is not ; 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 ; 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 upper; The patient does not have new signs or symptoms of bladder or bowel ; 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 states the pain goes down the right side of the neck to the shoulder and forearm. Also complaining of numbness/tingling in the arm and anterior hand and weakness.; The patient does not ; 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	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		2
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	HX of herniated disc at C5-C6, history of Lumbar disc disease, last MRI was in 2015; This study is being ordered for trauma or injury.; 7/10/17; There has not been any treatment or conservative therapy.; Cervical and Lumbar pain, numbness in left leg, from left knee interpretation of Cervical films show degenerative change and loss of disc height at C5-6 and C6-7. Will await MRI results, move forward with EMG and neuro consult.; 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 lost strength in the right arm, his dominant arm, particularly with arm extension at	1
General/Family Practice	Approval	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; 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	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	left arm and hand pain; 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. motor vehicle accident(8/2001) , head injury , neck pain, pain worsened, right temple injury , headache nausea, pain in back of neck, pain behind right eye; 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	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	N/A; This study is being ordered for trauma or injury.; 2/2017; There has been treatment or conservative therapy.; Back pain, positive straight leg raises, spine tenderness which is moderate.; Chiropractic, meds, 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.; right arm weakness; The patient does not have new signs or symptoms of bladder or bowel numbness on left side; 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	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Onset: on 08/14/2017. Severity level is moderate. It occurs constantly. Location: left upper arm. There is no radiation. The pain is sharp. Context: there is an injury. Trauma type: fall, occurred at school on 08/14/2017. The pain is aggravated by; 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.;	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Onset: on 08/14/2017. Severity level is moderate. It occurs constantly. Location: left upper arm. There is no radiation. The pain is sharp. Context: there is an injury. Trauma type: fall, occurred at school on 08/14/2017. The pain is aggravated by; 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.;	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Onset: on 08/14/2017. Severity level is moderate. It occurs constantly. Location: left upper arm. There is no radiation. The pain is sharp. Context: there is an Pain and neurological symptoms have been present for a year. Conservative therapy including anti inflammatory medications and physical therapy have not been of benefit and symptoms are progressively worsening.; 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.; General weakness of upper extremities on exam; The patient does not have	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Pain is worse after therapy , patient cannot sit comfortable; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/03/2017; There has been treatment or conservative therapy.; Leg numbness, Radiculopathy low back pain , leg pain, burning in right arm ,; Medication PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Patient c/o o f holding things and it is interfering with her job and she missed days of work due to this; 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/THYROID: C5 area tapping causes shooting pains into the forearm, C6 tapping and light pressure causes shooting electric pains down the radial forearm into the thumb, C7 light pressure and tapping causes shooting pains down the back of the arm into Patient complains of neck pain. The location of discomfort is both sides of the neck. It radiates to the left arm. The pain is characterized as intermittent and throbbing. The precipitating event seems to have been a motor vehicle accident. Medical; 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 has a history of cancer. She has been experiencing vision changes, severe headaches, and left foot numbness.; 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	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Patient has tried physical therapy and medication management without any improvements.; 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.; Patient is having numbness on the left side of his neck, down the back of the left arm, and into the 4th and 5th fingers.</p> <p>Patient states she has a hard time doing daily activities due to the activities aggravating the pain. Walking, bending, changing positions, coughing, defecation, lifting, resting, etc...; This study is 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 - 11/23/2011; It is not known if there has</p>	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>patient today reports numbness in her left arm, pain radiation;</p>	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Pt had an abnormal NCS done that recommended he get a MRI of the C-spine done for further evaluation.</p>	
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p></p>	

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Pt has returned to the clinic with worsening s/s. Pt reports staying "off-balance", hx of spinal stenosis and weakness-especially on the (R) side. Reports dizziness, fine jerking movements of the extremities, decreased ROM of (L) shoulder; unable to raise ; This study is being ordered for trauma or injury.; 2016; There has been treatment or conservative therapy.; Pt has returned to the clinic with worsening s/s. Pt reports staying "off-balance", hx of spinal stenosis and weakness-especially on the (R) side. Reports dizziness, fine jerking movements of the extremities, decreased ROM of (L) shoulder; unable to raise ; pt is taking physical therapy and and medication regimen</p>	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Pt requires MRI for surgical intervention and CT to evaluate prior fusion level; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Approx. 8 months ago; There has been treatment or conservative therapy.; Severe neck pain with radiculopathy into her shoulders bilaterally. The pain keeps her up at night with aching, burning and throbbing in the neck and shoulders. Range of motion is significantly limited and painful in all ranges. Pt has had Cervical surg; Physical Therapy, Steroid Injections, non steroidal anti-inflammatories and pain medication</p>	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>r/o tumor or ms; This study is being ordered for a neurological disorder.; 08/10/2017; There has not been any treatment or conservative therapy.; numbness/tingling in upper/lower extremity; hand weakness and lower extremity; loss sensation the shoulders to feet; neuro deficits; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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; 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</p>	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	She has intermittent episodes of paresthesias, numbness, subjective weakness which is migratory. It is usually isolated to a single limb such as her arm or leg. Occasionally she has facial symptoms. Symptoms usually last a few minutes to a few hours and t; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; She has intermittent episodes of paresthesias, numbness, subjective weakness which is migratory. It is usually isolated to a single limb such as her arm or leg. Occasionally she has facial symptoms. Symptoms usually last a few minutes to a few hours and t; There has not been any treatment or conservative therapy.; She has intermittent episodes of paresthesias, numbness, subjective weakness which is migratory. It is usually isolated to a single limb such as her arm or leg. She presents with low back pain and neck pain. Seen at the Medical Express NLR; This study is being ordered for trauma or injury.; 7/19/2017; There has not been any treatment or conservative therapy.; Mrs. WARD presents with low back pain. Reason for visit: Injury. The discomfort is most prominent in the lower lumbar tear in rotator cuff shoulder left 5 years ago; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/19/2017;	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	She has intermittent episodes of paresthesias, numbness, subjective weakness which is migratory. It is usually isolated to a single limb such as her arm or leg. Occasionally she has facial symptoms. Symptoms usually last a few minutes to a few hours and t; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; She has intermittent episodes of paresthesias, numbness, subjective weakness which is migratory. It is usually isolated to a single limb such as her arm or leg. Occasionally she has facial symptoms. Symptoms usually last a few minutes to a few hours and t; There has not been any treatment or conservative therapy.; She has intermittent episodes of paresthesias, numbness, subjective weakness which is migratory. It is usually isolated to a single limb such as her arm or leg. She presents with low back pain and neck pain. Seen at the Medical Express NLR; This study is being ordered for trauma or injury.; 7/19/2017; There has not been any treatment or conservative therapy.; Mrs. WARD presents with low back pain. Reason for visit: Injury. The discomfort is most prominent in the lower lumbar tear in rotator cuff shoulder left 5 years ago; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/19/2017;	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	She has intermittent episodes of paresthesias, numbness, subjective weakness which is migratory. It is usually isolated to a single limb such as her arm or leg. Occasionally she has facial symptoms. Symptoms usually last a few minutes to a few hours and t; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; She has intermittent episodes of paresthesias, numbness, subjective weakness which is migratory. It is usually isolated to a single limb such as her arm or leg. Occasionally she has facial symptoms. Symptoms usually last a few minutes to a few hours and t; There has not been any treatment or conservative therapy.; She has intermittent episodes of paresthesias, numbness, subjective weakness which is migratory. It is usually isolated to a single limb such as her arm or leg. She presents with low back pain and neck pain. Seen at the Medical Express NLR; This study is being ordered for trauma or injury.; 7/19/2017; There has not been any treatment or conservative therapy.; Mrs. WARD presents with low back pain. Reason for visit: Injury. The discomfort is most prominent in the lower lumbar tear in rotator cuff shoulder left 5 years ago; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/19/2017;	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>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.</p>	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>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, 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,</p>	3
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>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.</p>	2

General/Family Practice	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	9
General/Family Practice	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.; It is not known if this patient had a recent course of supervised physical Therapy.	7
General/Family Practice	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.	40

General/Family Practice	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
General/Family Practice	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.; No, this patient did not have a recent course of supervised physical Therapy.	19

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>The patient has failed at least 3 months of conservative treatment with relative rest, PT and medications for neck and arm pain as well as low back and leg pain. We will get Cervical spine MRI and lumbar 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.; March 2017; There has been treatment or conservative therapy.; She notes mid back pain that radiates into her bilateral ribs in T5-8 pattern. She has some neck pain that radiates into the right arm and some low back pain that radiates into the right leg.; Patient has had physical therapy, used a TENS unit, and has used NSAIDs 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</p>	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>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.; Yes, the patient had six weeks of Chiropractic care related to this episode.</p>	2

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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	1
General/Family Practice	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.; The patient does have new signs or symptoms of bladder or	3
General/Family Practice	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.; The patient does not have new signs or symptoms of	3
General/Family Practice	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 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?	4
General/Family Practice	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.; No, there is not a documented evidence of extremity weakness on	1
General/Family Practice	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	229

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; Yes, this patient had a recent course of supervised physical Therapy.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; It is not known if there is evidence of tumor or metastasis on bone scan or x-ray.; Suspected Tumor with or without	1
General/Family Practice	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; 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.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; neck pain; not improved after 3 weeks conservative therapy; 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

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Patient states that his hands/arms have been going numb for a few months now. He states when they go numb his arms and fingers start to hurt. He states that it keeps him from being able to rest well at night. H has also been having neck pain for a while, ; 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	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical 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.; There is x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	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.	86
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; 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

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; 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.; There is x-ray evidence of a recent cervical spine fracture.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.	3
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Pre-Operative Evaluation; 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, the last Cervical spine MRI was performed within the past two weeks.	1
General/Family Practice	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	7
General/Family Practice	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	53
General/Family Practice	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	13

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; PT has continued c/o upper back pain now pain that is radiating down her right arm. States she has seen chiropractor 2 times, nothing is helping pain. pt is taking diclofenac sodium 75mg 2x a day, cyclobenzaprine 10mg 3x a day, robaxin 500 mg 4x a day, p	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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	2
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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 states to have 2 bulging discs, painful knot on neck getting bigger she had and MRI in 2015 findings Paracentral disc bulge at the C5/C6 level	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; taking muscle relaxers since for over six weeks	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; Upon exam the patient demonstrated weakness due to pain. She fell approximately 8 feet in her home. Acute neck pain is causing headaches.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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,	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; <Enter Additional Clinical Information>	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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,	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; Patient has had severe neck pain for the past 3 weeks. She has tried muscle relaxants, NSAIDs, steroids, rest and stretching. She also has numbness going down her left arm.	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; PATIENT IS HAVING SEVERE NECK PAIN	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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; additional imaging of neck mass, radiologist recommended further testing, pt had a CT done	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; <Enter Additional Clinical Information>; No, the patient does not have new or changing neurological signs or symptoms.	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; 8/3/17 car accident	
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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	3
General/Family Practice	Approval	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 to rule out spinal cord mass; This study is being ordered for a neurological disorder.; May 16, 2017; There has been treatment or conservative therapy.; numbness, burning sensation and tingling of lower extremities; Physical therapy and taking aleve; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	7
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; Randomly dropping things, losing control of her arm; The patient does not have new signs or symptoms of bladder or bowel	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; 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.; decreased reflexes of right arm	1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	UNKNOWN; 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 unknown; This study is being ordered for a neurological disorder.; 06/04/2017; There has been treatment or conservative therapy.; patient is having reduculapahty in arm and leg, problem talking and 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.; I shoulder pain and thoracic spine; pt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or unknown; This study is being ordered for trauma or injury.; 08/26/2017; There has been treatment or conservative therapy.; chronic pain, neck pain that radiates down right arm ,; steroids, 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 unremarkable findings with lumbar and cervical spine xrays.; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; sharp pain radiating through groin and down leg, feels as if right leg gets cold and numb when lower back pain starts. New onset neck pain with no known	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1

General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	We are needing to get further imaging on this patient she had surgery on the neck March 2017, and has been back to work since April 13 and now having pain in neck and back; This study is being ordered for trauma or injury.; patient has ongoing neck and back pain. She has recently had neck surgery done in march 2017 however patient still having a lot of pain down entire back causing numbness in arms and left leg. would like to go ahead and get further imaging done; There has not been any treatment or conservative therapy.; patient having pain in neck causing numbness in arms. Worsening neck pain post meds and 8 weeks PT. Pt now experiencing Right arm radiculopathy since initial visit.; 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 RUE with paresthesias; The patient does not have new signs or symptoms of	1
General/Family Practice	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		4
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."; Neck and back pain since MVA 6/1. XR of T-spine showed possible compression fx T6. Pt cont to have pain from MVA 2mos ago. Get MRI of T-spine	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a thoracic spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 4/29/16; There has been treatment or conservative therapy.; weakness, < 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	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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 < 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	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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.; <	1
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.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; chronic, started when pt was 16; There has been treatment or conservative therapy.; Myelopathy, bil foot numbness, bladder disfunction; physical	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER 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.; 7/15/2017; There has been treatment or conservative	1
General/Family Practice	Approval	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, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT	2
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; back and shoulder pain; limited range of motion; no improvement with PT; There has been treatment or conservative therapy.; shoulder and back pain	
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Back Pain: Y - Thoracic, Post-traumatic syrinx; 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.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	C and T Spine- Spurring seen at C7-T1; T3-5; Multi-level fixation, Hardware in good placement.Multi level disc height loss and multilevel DDD; This study is being ordered for trauma or injury.; 06/15/2017; There has been treatment or conservative therapy.; R shoulder pain, arm feels numb, rheumatologist also requesting	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Compression fracture secondary to a fall with increased pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	history of degenerative back 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.; 7/14/2017; There has been treatment or conservative therapy.; low back pain, pain with twisting, range of motion; PT, medications	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if the patient has 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 is experiencing sensory abnormalities such as numbness or tingling.;	1
General/Family Practice	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.; 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.; Was told that she had a T7 compression fracture. It was found on a cxr when she was diagnosed with compression fracture at T7, has pain in her thoracic spine. She does have significant osteoporosis	1

General/Family Practice	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.; 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 and hip pain left- Xr ,abnormal, allergic to nsaid ,done back exercise regimen provided, under chiropractor care, desires to proceed with further eval.Ongoing back issues , been getting worse despite exercises provided which has been doing at h	1
General/Family Practice	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	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	It is not known if 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 has had 3 or fewer thoracic spine MRIs.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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	2

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	MRI done in 2014 showed central herniated disc. Lumbar; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	N/A; This study is being ordered for trauma or injury.; 2/2017; There has been treatment or conservative therapy.; Back pain, positive straight leg raises, spine tenderness which is moderate.; Chiropractic, meds, heat and ice. Not able to do exercises.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	pain, previous MRI notes a cyst at the T9 level.; This study is being ordered for trauma or injury.; This is an old injury from 2004; There has been treatment or conservative therapy.; pain in neck, mid back and lower Patient had surgery back in 3/15/2017 and symptoms are worsening.; This study is being ordered for a neurological disorder.; Unknown; There has not been any treatment or conservative therapy.; Back pain, lower extremity weakness, numbness, and pain and walking/standing/sitting intolerance.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Patient has low mid back pain has tried nsaid with little to no effect.pain scale level is 6/10; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Patient states she has a hard time doing daily activities due to the activities aggravating the pain. Walking, bending, changing positions, coughing, defection, lifting, resting, etc...; This study is 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 - 11/23/2011; It is not known if there has	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Patient went to ER out of state and had a CT Scan of abdomen and pelvis which found an incidental mass on T12-L1 paraspinal muscles. Mass measured 5.0 X 2.4 cm Needing further evaluation of 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	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	She presents with low back pain and neck pain. Seen at the Medical Express NLR; This study is being ordered for trauma or injury.; 7/19/2017; There has not been any treatment or conservative therapy.; Mrs. WARD presents with low back pain. Reason for visit: Injury. The discomfort is most prominent in the lower lumbar spine. This is an acute episode with no prior history of back pain. She states that the current episode of pain started yesterday. T	1

General/Family Practice	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.; <Enter Additional Clinical Information>; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	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.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	3
General/Family Practice	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.; Abnormal L spine MRI that recommended MRI T SPINE be done. Back pain.; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	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.; 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.	1

General/Family Practice	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.; Pt recently had MRI L Spine to evaluate low back pain. MRI shows abnormal result of diffuse vague abnormal signal within the included distal spinal cord. They recommended us to consider dedicated MRI of the Thoracic Spine with and without contrast to full; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
General/Family Practice	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.; Radiculopathy.; The patient is experiencing or presenting symptoms of lower	1
General/Family Practice	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.; The patient is experiencing or	2
General/Family Practice	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.; The patient is experiencing or presenting symptoms of asymmetric reflexes.	1
General/Family Practice	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.; The patient is experiencing or	1

General/Family Practice	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.; The patient is experiencing or	2
General/Family Practice	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.; The patient is experiencing or	1
General/Family Practice	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 trauma or acute injury within 72 hours.; The patient is experiencing or presenting symptoms of	1
General/Family Practice	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.; 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, 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	8
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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 trauma or acute injury within 72 hours.; patient fell off a 6' wall injuring his back	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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 trauma or acute injury within 72 hours.; patient fell off a 6' wall injuring his back	1
General/Family Practice	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.; "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 trauma or acute injury within 72 hours.; patient fell off a 6' wall injuring his back	1
General/Family Practice	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.; The study is being ordered due to trauma or acute injury within 72 hours.; patient fell off a 6' wall injuring his back	1
General/Family Practice	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 trauma or acute injury within 72 hours.; patient fell off a 6' wall injuring his back	34
General/Family Practice	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 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.; <Enter Additional Clinical Information>; The patient is not experiencing or presenting symptoms of	1

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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	2
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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 new signs or symptoms of bladder or bowel	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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 not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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	2

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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 not completed 6 weeks of physical therapy?; The patient has been	1
General/Family Practice	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.	1
General/Family Practice	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 not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot	1
General/Family Practice	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	1
General/Family Practice	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 abnormal gait.	3
General/Family Practice	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 asymmetric reflexes.	1
General/Family Practice	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.	2

General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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 not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the patient has a new to rule out spinal cord mass; This study is being ordered for a neurological disorder.; May 16, 2017; There has been treatment or conservative therapy.; numbness, burning sensation and tingling of lower extremities; Physical therapy and taking aleve; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.; unknown; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	2
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	We are needing to get further imaging on this patient she had surgery on the neck March 2017, and has been back to work since April 13 and now having pain in neck and back; This study is being ordered for trauma or injury.; patient has ongoing neck and back pain. She has recently had neck surgery done in march 2017 however patient still having a lot of pain down entire back causing numbness in arms and left leg. would like to go ahead and get further imaging done; There has not been any treatment or conservative therapy.; patient having pain in neck causing numbness in arms.	1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		1
General/Family Practice	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		36

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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 < 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 reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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 weakness.; Document exam findings; The patient does not have new signs or symptoms of	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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 weakness.; pt can not stand or sit for like 10 minutes and his legs give out. Numbness and tingling and he loses his balance; The patient does not have new signs or symptoms of bladder or bowel	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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 weakness.; Unable to bend at waist, with + paresthesia; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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 weakness.; weakness in legs w/burning sensation that radiates, muscle spasms,; It is not known if the patient has new signs or symptoms of	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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 not have new or changing neurologic signs or symptoms.; It	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; It is	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	5
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	2
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The	12

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 1/2017; There has been	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 7-6-17; There has been treatment or conservative therapy.; aphasia , mental	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 8/11/17; There has been treatment or conservative therapy.; Pain; 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	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 8/22/2017; There has been treatment or conservative therapy.; back pain, tremors, headaches, blurred vision. lesions seen on l spine from prvious MRI; medication, X ray; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; March 2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; n/a; It is not known if there has been any treatment or conservative therapy.;	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; ongoing; There has been treatment or conservative therapy.; R LE AND weakness; orthopedic therapy, steroid injections, PT, OTC meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 4/29/16; There has been treatment or conservative therapy.; weakness,	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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 >; It is not known if	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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 >; 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, < 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 been	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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 been	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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.; 03/14/2017; There has been treatment or conservative therapy.; tingling and numbness in her hands, headache, can't sleep because of pain, pain down her leg; PT, steroid dose packs, anti-	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; physical therapy & medicine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, < Enter answer here - or Type In Unknown If No Info Given. >; 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.; < < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 7/6/17; There has been treatment or conservative therapy.; Decrease ROM, numbness and < pain goes down left cant walk or sit failed on over 6 weeks of physical therapy and conservative medication. >; 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.; can not stand without crutches; The patient does not have new signs or ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
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		1
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		1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>; 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</p> <p>; 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</p>	
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>as listed.; The patient has not completed 6 weeks or</p> <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</p>	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<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 weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not</p>	2
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<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 weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The</p>	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<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 weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The</p>	1

General/Family Practice	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.; PATIENT C/O MORE INCREASED WEAKNESS ON RIGHT SIDE, RIGHT LEG WEAKNESS INCREASE IN PAIN WITHOUT INJURY PATIENT HAS COMPLETED HOME EXERCISE AND INSTRUCTION PATIENT HAS SEEN CHIROPRACTOR WITH NO RELIEF; The patient does not ; 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 back pain and it is now radiating down into right leg; The patient does not have new signs or symptoms of bladder or bowel ; 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 of the right leg positive at less than 60 degrees.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; 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.; 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 ; 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.;	1
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		1
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		1

General/Family Practice	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 ; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.;	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; There is no weakness or reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel ; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.;	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; There is weakness.;; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The ; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.;; Patient is currently on medications therapy including hydrocodone 10-325, gabapentin 300mg 3 x day, also receiving injections from pain management clinic.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs ; This study is 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
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	7/15/2017; There has been treatment or conservative	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>; This study is 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 2017; There has been treatment or conservative therapy.; low back pain with radiculopathy and right hip pain - pain runs down right extremity -the pain is worse with sitting and the longer he sits the worse the pain gets; patient has done pain medication, steroids, nsaid, along with chiroprator; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, ; 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 ; This study is being ordered for trauma or injury.; 50 year old here with complaints of left hip pain and left lower back pain. Onset 2 weeks ago after a fall. States that his pain is the same pain that he has always had but now it's just worse. Pain is usually 6/10 now its 7/10 despite pain medication whic; There has been treatment or conservative therapy.; 50 year old here with complaints of left hip pain and left lower back pain. Onset 2 weeks ago after a fall. States that his pain is the same pain that he has always had but now it's</p>	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>40 yr old female patient w/ low back pain for several years, getting worse last 12 months; weakness in 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.; lower extremities; The patient does not have new signs or symptoms of bladder or bowel</p>	1
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		1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	abnormal motor strength.	
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	AC joint intact with some DJD changes to right shoulder noted on x-ray. Acute low back pain with radicular sx's after patient bent over & heard "pop" sound. Positive SLR and absent DTR.; 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	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	back and left arm numbness; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Back Pain  c/o Low back pain for 2-3 weeks Back pain is present. Ranks the pain as /10. localized to the low back and does not radiate. Pain is made worse by sitting/standing, relieved by sitting/lying down /standing up, Severity: worsening, Severity: moderate to s; The study requested is a Lumbar Spine MRI.; The patient has	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	C6, C7 Degenerative disc disease	
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	chronic low back pain	

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	chronic pain of lumbar region. lumbago due to disk displacement.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	CHRONIC PAIN, Anterolisthesis,  Concern with minimal improvement despite pain medication in ER via IV and PO. Pt does have h/o trauma to right hip with rod placement. No hx of new injury and pt works in minnow fishery doing manual labor 6 days a week normally without 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.; pt has severe pain, tingling, decreased rom, tenderness, inability to bear weight on the right leg, decreased strength in low back and right hip. Xrays of hip and DDD, lumbar. XRay hasn't significantly changed. But since symptoms have I wil refer to physical therapy and go ahead and place order for MRI. This is mostly to give us a better idea if injection therapy would be best option.; The study requested is a Lumbar Spine MRI.; Difficulty 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.; 5 visits to chiropractic with no improvements and steroid shots.; The patient does not have new signs or symptoms of bladder or	1
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		1
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	Dr. Bumpass has seen and evaluated the patient with me today. We have discussed his history, symptoms, and reviewed the x-rays with the patient and his wife. His case is one that would likely respond well to surgical correction. We have discussed that ; This study is 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 pain, kyphosisRecently he has begun to experience numbness in both of his buttock cheeks. He describes pain in the left hip radiating down the lateral thigh and calf to the foot. He has pain in the right hip occasionally. He is very stiff in the m; He has been doing physical therapy for his back recently, though he can't tell that it has helped much. Using a TENS until	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	EXTREMITIES: no edema, ROM right hip is painless with knee flexed at 90 degrees , same for left hip. SLR equivocal with back & right hip pain at 90 degrees Foot pain noted. Today's visit is for evaluation of both feet. The discomfort is fairly generalized throughout the foot. It radiates to the from the thighs down to feet. The pain initially began 1 to 2 years ago. The pain level between 1 and 10 is a ; 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 history of degenerative back 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.;	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	7/14/2017; There has been treatment or conservative therapy.;	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	History of Present Illness: HX of herniated disc at C5-C6, history of Lumbar disc disease, last MRI was in 2015; This study is being ordered for trauma or injury.; 7/10/17; There has not been any treatment or conservative therapy.; Cervical and Lumbar pain, numbness in left leg, from left knee	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; BACK PAIN and hip pain left- Xr ,abnormal, allergic to nsoids ,done back exercise regimen provided, under chiropractor care, desires to proceed with further eval.Ongoing back issues , been getting worse despite exercises provided which has been doing at h	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Low back pain noted. The location is primarily in the lower lumbar spine. The pain radiates to the left and right buttock and anterior and posterior thigh. He characterizes it as constant, moderate in intensity, and sharp. This is a chronic problem, w; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.;	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Low back pain noted. The location is primarily in the lower lumbar spine. The pain radiates to the left and right buttock and anterior and posterior thigh. He characterizes it as constant, moderate in intensity, and sharp. This is a chronic problem, 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.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Lower back pain radiating down right leg to ankle; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	lower back pain,radiating to right groin l spine xray done today; 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.	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Meloxicam did not work.was given a steroid and ketorolac injection,however patient states it did not help. Tramadol also is not resolving her pain. Per Physical therapy note patient was unable to tolerate any therapeutic exercises for low back secondary t; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/2017; There has been treatment or conservative therapy.; Constant low back pain,described as sharp pain which radiates to both legs and feet. worse when she sits or stands for a long time or when she bends over. Pain also radiates to her left upper extremity with intermittent numbness. Rang of motion of her bac; Physical Therapy&#x0D;</p>
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Mild scoliosis, mild degenerative changes, T12-L1. Ongoing since 5/17/2017; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</p>

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Mr. JONES presents with bilateral leg/back pain.. It began one year ago. It is of severe intensity. He estimates that the frequency of this symptom is several times daily. The typical duration of an episode is constant. Aggravating factors include ba; 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. MRI done in 2014 showed central herniated disc. Lumbar; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or mri several years ago showed herniated disc; 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-	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	MRI done in 2014 showed central herniated disc. Lumbar; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or mri several years ago showed herniated disc; 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-	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	MRI done in 2014 showed central herniated disc. Lumbar; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2014; There has been treatment or mri several years ago showed herniated disc; 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-	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Ms. Collins presents with lower back pain. Reason for visit: This is a follow-up visit. Her symptoms are stable since last visit. The discomfort is most prominent in the lumbar spine. This radiates to the left and right buttock and bilateral posterior ; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Musculoskeletal	
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	MUSCULOSKELETAL: normal gait; n/a; 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	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	nerve conduction studies of bilateral lower extremities are significant for radiculopathy L3, 4, 5 suspect lumbar spine involvement.; 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.	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Neuritis; 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	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	No OA noted in orthopedic evaluation - multiple failed conservative treatments over last 18 months.  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.; Pt has weakness on the left side of the lower back and into the 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
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	None; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	None; This study is being ordered for trauma or injury.; 04/23/2017; There has been treatment or conservative therapy.; Pt is having pain with numbness and tingling .Weakness . Some gait problems; 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	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	numbness and tingling; This study is being ordered for trauma or injury.; 7/10/2017; There has been treatment or conservative therapy.; pain; PT,	1

General/Family Practice Approval 72148 MRI LUMBAR
SPINE OR LOW BACK
WITHOUT CONTRAST

ongoing back pain

pain is radiating down right leg and patient is unable to sit or stand for long periods of time; 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.; Oral steroids and Muscle relaxers

General/Family Practice Approval 72148 MRI LUMBAR
SPINE OR LOW BACK
WITHOUT CONTRAST

Pain is worse after therapy , patient cannot sit comfortable; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/03/2017; There has been treatment or conservative therapy.; Leg numbness, Radiculopathy low back pain , leg pain, burning in right arm ,; Medication PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET

General/Family Practice Approval 72148 MRI LUMBAR
SPINE OR LOW BACK
WITHOUT CONTRAST

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	pain, previous MRI notes a cyst at the T9 level.; This study is being ordered for trauma or injury.; This is an old injury from 2004; There has been treatment or conservative therapy.; pain in neck, mid back and lower	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	patient c/o of "catching" in the hip when she squats down and feels like she is unable to get back up. She has new complaint of leg parenthesis.; 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	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient came in on 08/07/2017 for a Complete Physical exam. He complains of increased low back pain. Patient states he has had an MRI in past back in 1998 and was told surgery was the only thing they could do to help him and that he has a 50/50 shot of be; 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 trouble working due to pain and leg numbness/weakness. Patient has had recent falls due to leg giving out while at work due to his stability. He works outside and bends over several	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient complains of left foot pain. Patient also complains of left hip and left knee pain has been going on for awhile and she also complains about right knee pain. She was in for these symptoms a couple of weeks ago. She has since developed pain in her ; 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	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	PATIENT COMPLAINS OF SEVERE CHRONIC BACK PAIN; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient continues to have low back pain after conservative treatment with physical therapy and prescription 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.; 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.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient fell and hurt her back in the middle of Aug 2017; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient had surgery back in 3/15/2017 and symptoms are worsening.; This study is being ordered for a neurological disorder.; Unknown; There has not been any treatment or conservative therapy.; Back pain, lower extremity weakness, numbness, and pain and walking/standing/sitting intolerance.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	PATIENT HAS BACK PAIN WITH NUMBNESS AND TINGLING THAT RADIATES DOWN LEFT LEG. THE PATIENT HAS DONE PHYSICAL THERAPY FOR FOUR WEEKS 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. patient has constant complaints of 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
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient has low mid back pain has tried nsaid with little to no effect.pain scale level is 6/10; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	patient has pain in lower back an herniated nucleus pulposus central bulge verses small protrusion L5 to F1.; 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.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient has went to physical therapy at this time. We are awaiting pain management app now also. She is still in extreme 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
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	PATIENT IS HAVING NUMBNESS ON LOWER BACK 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	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient is having sharp pain in back radiating down legs. When turns a certain way she has leg weakness. The pain is increasing day by day.; The study requested is a Lumbar Spine MRI.; The patient has acute or patient is having sharp pains radiating from 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.; Weakness when standing and lifting legs, also sharp pains are radiating up spine and down legs; The patient does not have new signs or symptoms of	1
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	<p>Patient reports continued pain to her right lower back pain with radiation down right leg; onset months ago, worsening. Patient reports it feels like symptoms are worsening; reports some difficulty ambulating with weakness causing her to stumble. 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.; 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.</p>	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Patient states she has a hard time doing daily activities due to the activities aggravating the pain. Walking, bending, changing positions, coughing, defecation, lifting, resting, etc...; This study is 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 - 11/23/2011; It is not known if there has Patient went to ER out of state and had a CT Scan of abdomen and pelvis which found an incidental mass on T12-L1 paraspinal muscles. Mass measured 5.0 X 2.4 cm Needing further evaluation of 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</p>	1
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	pt having chronic pain over 6 weeks pt is also using back brace; 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
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt complains of back pain that has been going on for a couple of weeks. She said it has been making her left leg go completely numb. She said it it scary because she has almost fallen a couple of times. No toe numbness or tingling, numbness of antero-med; The study requested is a Lumbar Spine MRI.; The patient	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	pt has been unable 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.; Onset 8/10/17. here right hip pain, low back pain that radiates down right leg. Unable to walk. Anti inflammatories and muscle relaxers haven't helped; There has been treatment or conservative therapy.; Right hip pain, Lumbar radiculopathy; Medrol dose pack and flexeril	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt has had 10 treatments of PT and has not demonstrated improvement in NORA or back index scores, failed anti-inflammatories and 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 not seen the doctor more then once for these symptoms.	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	pt has had pain for over a year, he has tried PT on several different 8 week or more regimens, he has tried OTC NSAIDS and RX 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 weakness.; pt has left LE weakness and burning from his buttocks to his 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.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt has had PT with no relief.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	pt has increased urinary frequency pt cannot do daily activities because of pain meds and therapy not helping pain getting worse; This study is being ordered for a neurological disorder.; 03/23/17; There has been treatment or conservative therapy.; hip pain back pain pain down legs can't do job as an aide without cane legs give out severe pain in hip pain in hip and back getting worse; therapy meds walking with cane	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt has numbness in thighs; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt here today to follow on complaints of mid/low back pain- seen 1 week ago and given toradol and decadron IM, and rx for diclofinec and flexeril. Xray showed mild degenerative changes. Pt reports the Pain continues in his back and radiates down into L le; 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.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt is needing new MRI in order to see Neurosurgeon.; This study is being ordered for trauma or injury.; 4-4-17; There has been treatment or conservative therapy.; Back and Neck Pain; Pain Medications, Pain Management, Previous Back surgery	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	pt is not any better from 6weeks ago; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Ms. Griggs presents with a diagnosis of lower extremity neuropathy. This was diagnosed 6 weeks ago; 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

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt reports chronic lower back pain after mva several years ago and told had bulging disc, Reports increased pain to lower back for 1 week without new trauma or injury no fever no ns or vomiting, States he noted blood in urine x 1 earlier in weak, no dys; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt. complains of large hematoma located on lower back. BACK: LEFT straight leg raising test positive, LEFT QUADRATUS spasm which is very tender to even slight palpation most pronounced at the costal insertion, LEFT MUSCLE SPASMS and knots of the paraspin; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; The patient Pt. has had 6 weeks of meds and therapy and her condition is declining and that's why they want the 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	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt. states she is having lower back pain and right hip 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.; BACK: RIGHT, L2 point tenderness causing shooting electric pain in the upper thigh on the ipsilateral side, -----WEAKNESS-----, L2/3 functional weakness in adduction of the thigh, RIGHT MUSCLE SPASMS and knots of the paraspinous musculature with moder; The patient does not have new signs or	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	R/O SOURCE OF PAIN; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above reinjured back; swelling; severe pain; spasms; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none see attached; 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 Severe back pain that radiates down left leg causing left leg numbness.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Severe back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The patient has acute or chronic back pain.;	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The patient has none of the above Severe daily back radiating down left leg.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The patient has none of severe low back pain radiating down rt. leg, tried medication, see chiropractor, getting worse...No improvement, rt. legs cramps when sleep at night, painful lumbar movement; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic	1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Severe pain, difficulty walking, muscle weakness; 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.; Muscle 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.	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	She presents with low back pain and neck pain. Seen at the Medical Express NLR; This study is being ordered for trauma or injury.; 7/19/2017; There has not been any treatment or conservative therapy.; Mrs. WARD presents with low back pain. Reason for visit: Injury. The discomfort is most prominent in the lower lumbar	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	tenderness upon palpation around L4 and L5 reduced ROM abnormal plain film of L spine; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, The patient has failed at least 3 months of conservative treatment with relative rest, PT and medications for neck and arm pain as well as low back and leg pain. We will get Cervical spine MRI and lumbar 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.; March 2017; There has been treatment or conservative therapy.; She notes mid back pain that radiates into her bilateral ribs in T5-8 pattern. She has some neck pain that radiates into the right arm and some low back pain that radiates into the right leg.; Patient has had physical therapy, used a	1
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	<p>The patient is experiencing worsening pain in lumbar spine that radiates down left thigh with tingling and numbness in the left foot. She has a history of L 3 disc bulge. An x ray in office showed multilevel disc compression. She has been treated with med; 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.</p> <p>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.;</p>	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>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</p> <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.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the</p>	3
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<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.; The patient</p>	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<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.; The patient</p>	12
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<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.; The patient does have new signs or symptoms of bladder or bowel</p>	10

General/Family Practice	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.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new	4
General/Family Practice	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.;	34
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The physician has directed conservative treatment for 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.;	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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	1
General/Family Practice	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.;	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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	1

General/Family Practice	Approval	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.; The patient has Symptoms or x-ray evidence of a recent fracture; This procedure is being requested for	1
General/Family Practice	Approval	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 Neurologic deficits	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient	3
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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	1
General/Family Practice	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.; This procedure is being requested for Known or suspected infection or abscess	1
General/Family Practice	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.; This procedure is being requested for Neurologic deficits	6
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 6 weeks of completed conservative care in the past 3 months or had a spine injection	550
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 an Abnormal nerve study involving the lumbar spine	8
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 an Abnormal x-ray indicating a significant abnormality	173
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 completed Treatment with a facet joint or epidural	7

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 Neurological deficit(s)	379
General/Family Practice	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.; The patient has 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 patient has 6 weeks of	3
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.;	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The physician has directed conservative treatment for Tingling; This study is being ordered for trauma or injury.; 05/15/2017; There has been treatment or conservative therapy.;	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Traumatic injury due to event; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	uninary incontinence; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The patient has none of the above unknown; The study requested is a Lumbar Spine MRI.;	1
General/Family Practice	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.;	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	There is no weakness or reflex abnormality.;	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The patient does not have new signs or symptoms of bladder or bowel dysfunction.;	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The patient does not have a new foot	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 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.;	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.; Increased in pain in the rotation of the left hip, has had a history of left knee replacements.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.;	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.; Weakness in lower legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.;	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The patient does not have a new foot 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.; APN saw weakness to right leg on exam with numbness and tingling to leg down to her right ankle.;	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.;	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	unknown; The study requested is a Lumbar Spine MRI.;	3

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Unknown; This study is being ordered for a neurological disorder.; 03/24/2017; There has been treatment or conservative therapy.; ; 03/24/2017 - NSAIDS and home exercise program.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted unknown; This study is being ordered for a neurological disorder.; 06/04/2017; There has been treatment or conservative therapy.; patient is having reduculapahty in arm and leg, problem talking and 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.; unknown; unknown; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	UNKNOWN; This study is being ordered for trauma or injury.; 5/1/2017; There has been treatment or conservative therapy.; PAIN; MEDICATION AND HOME unremarkable findings with lumbar and cervical spine xrays.; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; sharp pain radiating through groin and down leg, feels as if right leg gets cold and numb when lower back pain starts. New onset neck pain with no known	1
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		1

General/Family Practice	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	We are needing to get further imaging on this patient she had surgery on the neck March 2017, and has been back to work since April 13 and now having pain in neck and back; This study is being ordered for trauma or injury.; patient has ongoing neck and back pain. She has recently had neck surgery done in march 2017 however patient still having a lot of pain down entire back causing numbness in arms and left leg. would like to go ahead and get further imaging done; There has not been any treatment or conservative therapy.; patient having pain in neck causing numbness in arms. Worsening back pain.; This study is being ordered for a neurological disorder.; Pt was first seen with complaint of increased back pain on 4-26-17. But on 2-21-17 pt was first seen after lifting something heavy at work.; There has been treatment or conservative therapy.; Worsening pain in back and pain in arms and legs. Radiculopathy to left lumbar.; Pt has been given steroid injections, tried OTC NSAIDS, gabapentin, lyrica, muscle relaxant. Physical therapy. Been seen by Neurology and Neurosurgery. Tried pain management.; One of the studies being ordered is NOT a Breast MRI, y. Sh states that it usually comes and goes but this is the worst that she has had. she states that she had an episode that resolved in february and she recurred in May. She states that it has been going on since May. SHe states that she has been abl; The study requested is a Lumbar Spine MRI.; The patient has acute or	1
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		1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST		1

General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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 being ordered for initial staging.;	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for some other reason than the choices given.; This is a request for a ; 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	2
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	; This study is being ordered due to organ enlargement.; There is ultrasound or plain film evidence of a pelvic organ enlargement.; This is a abnormal Scrotum US. Worsening pain.; 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	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	Abnormal X ray recommended CT of Pelvis/Hip area to further study abnormal findings.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Abnormal X ray on 8/8/17.; There has been treatment or conservative	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST		1

General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	had an US lump. Hernia not identified because of abnormalities; This study is being ordered for some other reason than the choices given.; This is a request Had cancer on 6/30/2016, it was removed. Now showing symptoms of pelvic pain, tender on examination. Making sure this is no cancer; The patient is not 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	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	hematuria, hernia, right groin pains, has had hemorrhoidectomy; still having pain; 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.)	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	Leukocytosis and fever.; 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	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	Mrs. Gilmartin is a 46-year-old lady with a history of low back sacral pain since early May. She was involved in a motor vehicle accident. Since this time she had ongoing pain mostly in her tailbone region. She has some pain in her neck as well. She do; This study is	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	being ordered for some other reason than the choices none; 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	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	of a specialist who has seen the patient."; This is a	1

General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	pt presented to clinic with c/o pelvic pain associated to lumbar disc dislocation.; 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
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	right hip pain. The pain is rather diffuse in location. It radiates to the anterior thigh and knee. She describes it as constant and intermittent. The initial onset of pain was more than 6 months ago. There was no apparent precipitating event or injury; This study is being ordered as pre-operative evaluation.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	RLQ pain and rule out aneurysm, the abdomen Ct was not enough for radiology to rule out an aneurysm so they need the pelvic ct done instead; 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	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	Soft, nttp, +BS, no mass, does have tenderness along the inner pubic bone. NTTP on the inguinal ligament.	

General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST	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 unknown; 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 vaginal bleeding since may 2017 along with cramping; 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	1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST		1
General/Family Practice	Approval	72192 CT PELVIS WITHOUT CONTRAST		1
General/Family Practice	Approval	72196 MRI PELVIS		2
General/Family Practice	Approval	72196 MRI PELVIS	< 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 < Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; No, this is not a preoperative study.; The study is being ordered < Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The	2
General/Family Practice	Approval	72196 MRI PELVIS		1
General/Family Practice	Approval	72196 MRI PELVIS		1
General/Family Practice	Approval	72196 MRI PELVIS	< 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.; 2013 renal mass; There has not been any treatment or conservative therapy.; pain in back cant stand longer for 45 minutes	

General/Family Practice	Approval	72196 MRI PELVIS	< 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 ; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; ; Patient is currently on medications therapy including hydrocodone 10-325, gabapentin 300mg 3 x day, also receiving injections from pain management clinic.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs	1
General/Family Practice	Approval	72196 MRI PELVIS	; This study is 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 2017; There has been treatment or conservative therapy.; low back pain with radiculopathy and right hip pain - pain runs down right extremity -the pain is worse with sitting and the longer he sits the worse the pain gets; patient has done pain medication, steroids, nsaid, along with chiroprator; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	72196 MRI PELVIS	Member has degerative disc disease.; This is a request for a Pelvis MRI.; The request is not for any of the listed	1

General/Family Practice	Approval	72196 MRI PELVIS	MRI Of L Spine revealed an abnormal signal in the right sacral ala. Possible stress fracture. Recommended by Radiologist to rule out fracture.; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of the sacrum. nethrolith 2 ml; 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.	1
General/Family Practice	Approval	72196 MRI PELVIS	pt has ongoing right hip pain, seen orthopedist and had injection pt might need surgery ;; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
General/Family Practice	Approval	72196 MRI PELVIS	QUESTIONABLE MASS IN LEFT ADNEXA SEEN ON PELVIC ULTRASOUND. CLINICAL CONCERN IS PRESENT ABOUT LEFT ADNEXAL MASS AND MRI IS 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.; 08/15/17; There has been treatment or conservative therapy.; PELVIC PAIN, MOSTLY LEFT-SIDED; PELVIC ULTRASOUND; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	72196 MRI PELVIS	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,	1
General/Family Practice	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for	8
General/Family Practice	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	2
General/Family Practice	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	3
General/Family Practice	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic UNKNOWN; This study is being ordered for trauma or injury.; 5/1/2017; There has been treatment or conservative therapy.; PAIN; MEDICATION AND HOME EXERCISE	12
General/Family Practice	Approval	72196 MRI PELVIS	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
General/Family Practice	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	15
General/Family Practice	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 neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint	1

General/Family Practice	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 neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint	4
General/Family Practice	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 suspicion of upper	1
General/Family Practice	Approval	73200 CT ARM OR UPPER EXTREMITY	Xray recommendations per radiologist: 	
General/Family Practice	Approval	73206 CT ANGIOGRAPHY UPPER EXTREMITY	Yes, this is a request for CT Angiography of the upper extremity.	3
General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT		1
General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2016; There has been treatment or conservative therapy.; Decreased range of motion, tender to touch in right bicep, shooting pain from	1

General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 9/19/2017; It is not known if there has been any treatment or conservative therapy.; pain in hand arm and wrist loss of strength in rt hand; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 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.; 08/27/2017; There has been treatment or conservative therapy.; bruising to right medial anterior and posterior lateral lower 1/3 arm, posterior medial & anterior lateral hand, swelling over anterior posterior lower 1/3 right arm, greatest swelling over Thenar muscle, bruising across all digits at the joints, abrasion; Ice, heat and anti-inflammatories; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT,	2
General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	pt said the symptoms are getting worse; This study is being ordered for Inflammatory/ Infectious Disease.; 07/25/2017; There has been treatment or conservative therapy.; swelling and redness to right hand and wrist, The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1
General/Family Practice	Approval	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 not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue	1

General/Family Practice	Approval	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 not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue	13
General/Family Practice	Approval	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 not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue	2
General/Family Practice	Approval	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 not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of	8
General/Family Practice	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A	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	4
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 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	3
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY		1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>&lt; 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 directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; 8 weeks 3-1-2017 to 7-12-2017</p>	
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>&lt; 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.</p>	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>&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 physician is not a hematologist/ oncologist.</p>	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>&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.; 09/04/2008; There has been treatment or conservative therapy.; ABDOMENAL PAIN , ELBOW PAIN; EX-RAYS ULTRASOUNDS MEDICATION , ANTI INFLAMATORYS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
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General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>&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.; 3 YEARS AGO; 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</p>	2
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General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2 weeks ago; There has been treatment or conservative therapy.; pain in hands and fingers and forearm and numbness; treated laceration, pain medication	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2016; There has been treatment or conservative therapy.; Decreased range of motion, tender to touch in right bicep, shooting pain from	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 9/19/2017; It is not known if there has been any treatment or conservative therapy.; pain in hand arm and wrist loss of strength in rt hand; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
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.; It is not known if the physician has directed	1
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.; The patient received oral analgesics.	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>; 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,</p> <p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p>	3
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>; This study is being ordered for trauma or injury.;</p> <p>08/27/2017; There has been treatment or conservative therapy.; bruising to right medial anterior and posterior lateral lower 1/3 arm, posterior medial & anterior lateral hand, swelling over anterior posterior lower 1/3 right arm, greatest swelling over Thenar muscle, bruising across all digits at the joints, abrasion; Ice, heat and 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</p>	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>; This study is being ordered for trauma or injury.;</p> <p>back and shoulder pain; limited range of motion; no improvement with PT; There has been treatment or AC joint intact with some DJD changes to right shoulder noted on x-ray.&#xOD;</p>	

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>bilateral shoulder pain. Bilateral shoulder pain developing over the last year. he had severely limited RoM of his shoulders. Only able to lift them up to about 90 degrees. During the day the pain is no so noticeable. At night it is at a 7 and keeps him aw; This study is being ordered for trauma or injury.; 9/22/17; There has been treatment or conservative therapy.; he had severely limited RoM of his shoulders. Only able to lift them up to about 90 degrees. During the day the pain is no so noticeable. At night it is at a 7 and keeps him awake at night. abnormal vibratory sensation (slightly decreased on the left).; Taking up to 2000 mg of acetaminophen, for the last few months. it is not helping the 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 chest pain, L shoulder pain , radiculopathy; This study is being ordered for a neurological disorder.; 3/15/17; There has been treatment or conservative therapy.; &lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;; medication, Home exercise, PT</p>	2
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY		1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Continues to have right shoulder pain and decreased range of motion; 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.; It was started 11/30/2016	
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	limited range of motion, and stiffness; 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	Approval	73221 MRI JOINT OF UPPER EXTREMITY	MRI Arthrogram MRI left shoulder w/contrast.	
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Musculoskeletal symptoms pain and stiffness is gone except LT wrist; 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.	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>none; This study is being ordered for trauma or injury.; 08/24/2017; There has not been any treatment or conservative therapy.; limited of 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</p> <p>PATIENT PRESENTS TO CLINIC WITH RIGHT SHOULDER PAIN.; 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,</p>	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>Pt fell on 8/28/2017; follow up 09/05/2017; tightness in neck, pain in left shoulder and can't raise 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.; 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.</p>	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>Pt has acute pain, R/O rotator cuff tear; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request Recent fracture requires closed reduction. Continued severe pain, has follow up with Ortho schedule for Tuesday.; 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</p>	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>Pt has acute pain, R/O rotator cuff tear; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a mass.; The request Recent fracture requires closed reduction. Continued severe pain, has follow up with Ortho schedule for Tuesday.; 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</p>	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Right SHOULDER EFFUSION moderate to large, with crepitus and cracking over extremes of flexion and extension. Rotation is painful and range of motion is limited partially due to capsular tendon secondary to the SHOULDER effusion. Pt. c/o pain in the righ; 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	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	She cannot lift her arm more than 60 degrees. Only 50 degrees off to the side.; 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	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	She has decreased ROM in left shoulder, describes a sharp stabbing pain in the shoulder. Rates as 20/10. suspects a tear; This study is being ordered for trauma or injury.; 5 years ago; There has not been any treatment or conservative therapy.; both decreased	2
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	tear in rotator cuff shoulder left 5 years ago; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/19/2017;	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; This request is for a	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is from a known mass.; 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.; This is a request for an elbow MRI; The	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is from an old injury.; 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.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The patient was injured in a fall on left shoulder approximately 2 months ago. He had imaging in the emergency department that was normal, but is now experiencing chronic pain and popping. He states that it is painful with any amount of weight in the left; 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	Approval	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.";	2

General/Family Practice	Approval	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	3
General/Family Practice	Approval	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	
General/Family Practice	Approval	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	1
General/Family Practice	Approval	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."; decreased range of motion noted in: right shoulder flexion, extension, adduction, internal rotation, and external rotation; pain with range of	1
General/Family Practice	Approval	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	1
General/Family Practice	Approval	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."; injured shoulder with worsening pain, pt	1

General/Family Practice	Approval	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	1
General/Family Practice	Approval	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."; onset of shoulder pain 1mo ago. No relief with PT or NSAIDS.	1
General/Family Practice	Approval	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."; Patient feel off bike on 09/13/17 and landed on left shoulder. Patient to ER but no MRI was done. Doctor is concerned for supraspinatus tear.	1
General/Family Practice	Approval	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."; Patient with right shoulder pain, decreased ROM, weakness, pain with straight arm raise, tendon tenderness	1

General/Family Practice	Approval	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."; Possible rotator cuff injury.	1
General/Family Practice	Approval	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 has right shoulder pain X 4 weeks. She has aching and pounding pain. She has limited range of motion and stiffness. Xray was normal. She has tried Heat/Ice and Tylenol with no relief.	1
General/Family Practice	Approval	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 is having continuing right shoulder pain without relief from anti-inflammatory medication or pain medication, pt has also been to physical therapy but states she is unable to participate do to the pain in shoulder, xray of shoulder shows no abnormaliti	1

General/Family Practice	Approval	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."; Right shoulder pain. Pain initially began after lifting a heavy object and feeling something pull in his shoulder. Shoulder is more painful in certain positions; no tingling or numbness, or radiation of pain.;	
General/Family Practice	Approval	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."; rotator cuff tear.	1
General/Family Practice	Approval	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."; Shoulder trauma two weeks ago with ATV accident. Positive neers, positive cross-body on exam. Patient experiencing numbness and tingling in right upper extremity. Suspected rotator cuff tear. Xray WNL.	1
General/Family Practice	Approval	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,	1

General/Family Practice	Approval	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,	1
General/Family Practice	Approval	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."; weakness and pain is noted, Pt did move a couple of weeks ago, aggravated w/ pushing or pulling, 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."; xray performed film over penetrated. no	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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.; < Enter answer here - or	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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.; Arm symptoms lower neck pain radiating down right arm; UNABLE TO RAISE RIGHT ARM DUE TO THE PAIN; HX OF BULGING DSC 4 YR AGO O MRI and shoulder symptoms. 	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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 left shoulder pain for the past 3 years. unremarkable xrays 2 years ago.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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.; elt multiple pops to his right shoulder and since then has been having worsening pain. He ROM and ability to perform ADL's is limited. He reports the pain initiates immediately from behind his right ear down to his right elbow. He reports numbness and tin	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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.; pain off and on for the last year and getting worse; decreased range of motion; increased pain; unable to do things	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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 is c/o numbness and tingling in right hand. He has extremely limited ROM and hardly able to lift his arm at all. He had abnormal xray of the R shoulder showing a acromloclavicular joint spur. This MRI is for further evaluation	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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 HAVING RIGHT SHOULDER PAIN FOR APPROX 5 MONTHS, NO INJURY, PAIN IS DULL AND SHARP. THE PAIN IS AGRAVATED BY LIFTING, PAIN MEDS RELIEVE THE PAIN , DECREASED MOBILITY, NOCTURNAL AWAKENING WITH WEAKNESS. HAS HAD AN INJECTION OF TORADOL LAST WEEK	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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.; To rule out a tear	1
General/Family Practice	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.; It is not known if there are documented findings of crepitus.; It is not known if there are documented findings of swelling.; The ordering physician is not an orthopedist.; Patient is here today with complaints of left shoulder that radiates down arm. Injury occurred in 02/16/2017. Patient did go to pcp and went though PT. Patient feels PT did not help. Patient did not have an x-ray done until 4/21 of 2017, after returning t; 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.; It is not known if there is documented findings of severe pain on motion.	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>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.; It is not known if there are 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.</p>	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>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.</p>	15
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>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.</p>	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>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.</p>	1

General/Family Practice	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	167
General/Family Practice	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 not completed and failed a course of conservative	1
General/Family Practice	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 not completed and failed a course of conservative treatment of at least 4 weeks.; < Enter answer here -	3
General/Family Practice	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 not completed and failed a course of conservative treatment of at least 4 weeks.; History of lifting heavy transmissions. He has muscle weakness and decreased range of motion. There was a positive neer's and	1
General/Family Practice	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 not completed and failed a course of conservative	1
General/Family Practice	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 not completed and failed a course of conservative treatment of at least 4 weeks.; pain after lifting a bucket overhead 2 months ago. grinding and catching	1
General/Family Practice	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 not completed and failed a course of conservative treatment of at least 4 weeks.; Patient presents with c/o right shoulder pain (actually slightly distal to shoulder); onset over a year ago. Denies having imaging recently or at onset. Denies any recent trauma.	1

General/Family Practice	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 not completed and failed a course of conservative treatment of at least 4 weeks.; Patient presents with c/o right shoulder pain; onset approximately 4 weeks ago. Denies any known trauma however reports he has	1
General/Family Practice	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 not completed and failed a course of conservative treatment of at least 4 weeks.; PT HAS WEAKNESS AN IMMOBILITY OF RIGHT SHOULDER, PT ATTEMPTED TO	1
General/Family Practice	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 not completed and failed a course of conservative treatment of at least 4 weeks.; pt having limited range of motion, cannot reach over head,	1
General/Family Practice	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 not completed and failed a course of conservative treatment of at least 4 weeks.; reported injury 7/21	1
General/Family Practice	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 not completed and failed a course of conservative treatment of at least 4 weeks.; TREATED WITH ANIT	
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; It is not known if the patient has had recent plain films of the shoulder.;	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; It is not known if the patient has had recent plain films of the shoulder.; numbness in fingers. decrease in range of motion	1

General/Family Practice	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.	20
General/Family Practice	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 NOT experiencing joint locking or instability.; The patient	3
General/Family Practice	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	1
General/Family Practice	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 results of the plain films is not known.; The patient is NOT experiencing joint locking or instability.; The	1
General/Family Practice	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 not had recent plain films of the shoulder.; < Enter answer here - or Type In Unknown If No Info	3
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for post-operative evaluation.; The ordering physician is not an orthopedist.; There are no documented physical or laboratory findings of a joint infection.; There are no documented physical or plain film findings of delayed or failed healing.; There are no	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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.;	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; previous surgery on same shoulder	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study is being ordered for known/suspected joint infection.; The plain	3
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.; 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).	1
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 completed 6 weeks	13
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 completed 6 weeks or more of Chiropractic care.; The patient received oral analgesics.	1

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 received joint injection(s).	3
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is from a recent injury.; 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.	2
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The pain is from a recent injury.; There is 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.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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?	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; Study being ordered due to non-acute or chronic pain.; The patient has had recent plain films of the shoulder.; The plain films were normal.; 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 is	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; This study is being ordered for Known Tumor.; The ordering physician is not an oncologist or orthopedist.; The patient has had 3 or fewer follow-up shoulder MRIs.;	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The patient is not presenting new symptoms.; It is not 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	7
General/Family Practice	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 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.	5
General/Family Practice	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 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	2

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>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</p> <p>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</p>	3
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>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</p>	5
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>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</p>	1

General/Family Practice	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 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	4
General/Family Practice	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 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-	1
General/Family Practice	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 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	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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	4
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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.	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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 experienced pain for greater than six weeks.	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>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 has a documented limitation of their range of motion.</p>	2
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>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</p> <p>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</p>	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>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</p>	1

General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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 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 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 unknown; 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	1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY		1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY		1
General/Family Practice	Approval	73221 MRI JOINT OF UPPER EXTREMITY		1
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY		3
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	; 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	1

General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	<p>; 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</p> <p>~ 1 week ago woke up with acute dorsal left foot pain. It was mildly swollen and very tender to touch. She got out of bed and noticed she was unable to bear weight. She could not recall an injury of trigger prior to bedtime. Her Great Dane then stepped on; This is a request for a Lower Extremity CT.; This is not a preoperative or recent postoperative evaluation.;</p>	1
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	<p>There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no suspicion of lower</p> <p>Abnormal X ray recommended CT of Pelvis/Hip area to further study abnormal findings.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Abnormal X ray on 8/8/17.; There has been treatment or conservative therapy.; Patient has left hip pain.; Patient's hip pain has been treated with medication therapy.</p>	1
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY		1

General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	BECAUSE OF THE APPARENT STIFFNESS FO THE TALOCALCANEAL JOINT; This study is 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.; VALGUS FEET AND OUT TOEING, RIGHT GREATER THAN LEFT, THIS IS DUE IN PART TO A MILD HEEL CORD TIGHTNESS AND LAXITY OF THE POSTERIOR TIBIAL TENDON, HOWEVER, THERE IS SUSPICION THAT HE MAY HAVE AN UNDERLYING TALOCALCANEAL COALITION. BILATERAL FOOT PAIN; SHOE INSERTS, TOE RISER EXERCISES AND HEEL CORD STRETCHING, ALEVE	2
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	left hip pain radiating down left leg unresponsive to medication therapy; This study is being ordered for trauma or injury.; initial onset 7-15-17 while lifting her son; There has been treatment or conservative therapy.; left hip pain radiating down to left knee with weightbearing or ROM; meloxicam and tramadol	1
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	swelling right lower leg in knee area; 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
General/Family Practice	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	3

General/Family Practice	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	4
General/Family Practice	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 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	1
General/Family Practice	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 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 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 been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory	2
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY		1

General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	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 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	4
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	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	1
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.; Yes	2
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	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	1
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	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	1

General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	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	1
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	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 not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	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 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.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	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.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	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	2
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	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 Leg CT.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	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	1
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	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	3
General/Family Practice	Approval	73700 CT LEG OR LOWER EXTREMITY	This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is a request for a	1

General/Family Practice	Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Yes, this is a request for CT Angiography of the lower extremity.	4
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		10
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	"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	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	"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 bilateral foot MRI.; PATIENT HAS BILATERAL FOOT PAIN FOR SEVERAL YEARS. SHE RECEIVED 2 STEROID INJECTIONS LAST FALL WITH NO IMPROVEMENT. PAIN IS WORSENING	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	"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	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	"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 bilateral foot < Enter answer here - or Type In Unknown If No Info Given. >; 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 oordered for infection.;	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	There are physical exam findings, laboratory results, other imaging including bone scan or plain film	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; 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,supsected	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; 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.; Non-acute Chronic Pain; Pain greater than 3 days; It is not known if patient has	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; 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; Yes, there is a known trauma involving	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; 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	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The study is not requested for knee pain.; It is not known if there is a suspected meniscus, tendon, or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.; It is	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 8/29/2017; There has been treatment or conservative therapy.; swollen foot, redness, incisions tender, fever, pus drainage; antibiotic 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	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< 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 >; It is not known if	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< 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.; 4 months ago; There has been treatment or conservative therapy.; Pain and swelling, mass in both	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 5/23/2017; There has been treatment or conservative therapy.; Decreased ROM, Swelling, Numbness , And tingling; Medication, PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	2

			< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; a month ago; There has been treatment or conservative therapy.; pain, numbness, tingling; 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	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; a month ago; There has been treatment or conservative therapy.; pain, numbness, tingling; 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	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; months ago; There has not been any treatment ; 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	2
General/Family Practice	Approval	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 not completed 6 weeks of physical therapy?; The patient has not been treated with medication.; The patient has	1
General/Family Practice	Approval	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 from an old injury.; It is not known if the physician has directed	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; 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 determinjed by x-ray.; The study is	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This study is being ordered for Inflammatory/ Infectious Disease.; 08/10/2017; There has been treatment or conservative therapy.; Pain and popping; steroid inj in knees; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty	2

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This study is 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
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This study is being ordered for trauma or injury.;; There has been treatment or conservative therapy.;; ; This study is being ordered for trauma or injury.;	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	07/24/2017; There has been treatment or conservative therapy.; RUQ ABD PAIN, HEADACHES MEMORY LOSS LEFT FOOT PAIN SWELLING POSS. FRACTURE; ICE	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	47 year old female presents with c/o knee pain and swelling in the left knee that seems to be getting quite a bit worse as time goes on. It is much worse with exercise or continued impact or flexion forces on the joint. It is beginning to limit my abilit; This is a request for a Knee MRI.; The study is requested for knee pain.;	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	The pain is from a recent injury.;; There is a suspicion of abnormal x ray; This is a request for an Ankle MRI.;	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Surgery or arthroscopy is not scheduled in the next 4 weeks.;; The study is requested for ankle pain.;; There is ABNORMAL XRAY; This study is 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
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	06/24/2017; There has Ankle injury 10 days ago that has not improved. She also has began developing pain in her leg.;; This is a request for an Ankle MRI.;	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Surgery or arthroscopy is not scheduled in the next 4 weeks.;; The study is requested chronic knee pain worsening and hurting more; This is a request for a Knee MRI.;	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	The study is requested for knee pain.;; The pain is described as chronic; The	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Continued pain bilateral knees even after medication therapy and activity modification.; This study is 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 Knee several year	
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Enter answer here - or Type In Unknown If No Info Given Enter answer here - or Type In UnRight knee: She exhibits decreased and painful range of motion with tenderness to medial and posterior aspect. sensation and circulation intact distally. Mild patellar tenderness.known If No Info Given. Right knee: She exh; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	He is a pleasant 22-year-old a sparring professional soccer player who comes today with bilateral knee pain and instability. He had traumatic injuries to both knees over the last several months and has had instability since. He denies any catching or lo; This study is being ordered for trauma or injury.; 09/14/17; There has not been any treatment or conservative therapy.; He is a pleasant 22-year-old a sparring professional soccer player who comes today with bilateral knee pain and instability. He had traumatic injuries to both knees over the last several months and has had instability since. He denies any catching or lo; One of the studies	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Injury to ankle, pain, decreased ROM, normal xray, no improvement with conservative treatments.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is requested	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	limited range of motion joint pain ademia; This study is being ordered for trauma or injury.; 12 years ago; There has been treatment or conservative therapy.; < pain abnormal motor strength irregular gait swelling and tenderness left leg weakness >; 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 MOTOR VEHICLE ACCIDENT; 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 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.; N/A; No improvement with oral analgesics and pain or joint stability and plain film x-ray recommends MRI due to joint effusion and possible joint derangement; 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 directed a none; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>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 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.; Started May, 2017 and unsuccessful; The patient received oral analgesics.</p> <p>Patient continues to have left knee pain. Physician wants to rule out internal derangement. Physician suspects lateral meniscal tear.; 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 had a previous knee 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.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has not been treated with medication.; It is not known</p>	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>Patient continues to have left knee pain. Physician wants to rule out internal derangement. Physician suspects lateral meniscal tear.; 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 had a previous knee 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.; It is not known if the patient has completed 6 weeks of physical therapy?; The patient has not been treated with medication.; It is not known</p>	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>Patient continues to have left knee pain. Physician wants to rule out internal derangement. Physician suspects lateral meniscal tear.; 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 not been treated with medication.; It is not known</p>	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	patient has had pain for 3 weeks and has painful popping; 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; It is not known if patient has completed and failed a course of conservative treatment.; Yes, the member experience a painful popping, snapping, or giving away of the knee.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient twisted knee in yard and had x-rays and there was no break, still having difficulty walking on leg and is on crutches.; 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, PATIENT'S PAIN IN LEFT KNEE IS GETTING WORSE EACH DAY. SHE IS READY TO HAVE SOMETHING DONE ABOUT IT, BECAUSE THE PAIN IS TO MUCH NOW.;	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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 Pt has had PT with no relief.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Pt has had to discontinue exercise due to pain in bilat lower extremities. There is also a very audible crepitus in both knees when she bends them. This can be heard from across the room. Xrays have been negative and needs further work up; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has been treatment or conservative therapy.; arthralgia,	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Pt is having to assisted to walk for the last x 2 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 not directed conservative	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Pt verbalizes went to hospital saturday night and was told to come here for a MRI, med refills ER TOLD HER SHE HAD A LOT OF BLOOD IN THE KNEE JOINT.  SWELLING IN LEFT KNEE IS INCREASING. SORE TO MOVE. REFERRAL SENT TO ORTHOPEDICS; 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	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	The patient has left knee pain and tenderness. We suspect a knee effusion.; 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	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	4
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	17

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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 used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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 an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.	2

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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 used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	16

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; Surgery or other intervention is planned in the next 4 weeks.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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 factrcture.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; 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 ordering physician is an orthopedist.; Pre-operative Evaluation; Instability	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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 not an orthopedist.; Pre-operative	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; The patient 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.; The plain films were normal.; &Additional Clinical Information&; Suspicious Mass or Suspected Tumor/ Metastasis	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.; tender to palpate left politeal space with 6x6 cm mass palpated; Suspicious Mass or Suspected Tumor/ Metastasis	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Instability	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Limited range of motion	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Locking	1
General/Family Practice	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	27
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; There is no supsected meniscus,pre-op or post-op evaluation,non-acute	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; There is no supsected meniscus,pre-op or post-op evaluation,non-acute	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Instability	11

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Limited range of motion	15
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Locking	9
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	26
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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,	3
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.; Locking; Yes, the member experience a painful popping, snapping, or	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	4

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	28
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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; It is not known if the member experience a painful	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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,	3
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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,	15
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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; No, the member	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	7

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	3
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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,	13
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	55
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	26
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	12
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	34
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no supsected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis;	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; There is no supsected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis;	7

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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,supsected tumor or Aseptic Necrosis;	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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,supsected tumor or Aseptic Necrosis;	4
General/Family Practice	Approval	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 not an orthopedist.;	13
General/Family Practice	Approval	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 not an orthopedist.;	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; Pain greater than 3 days; It is not known if the	1
General/Family Practice	Approval	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 not an orthopedist.;	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	2
General/Family Practice	Approval	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 not an orthopedist.;	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
General/Family Practice	Approval	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 not an orthopedist.;	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; No, the member do not	1

General/Family Practice	Approval	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 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	8
General/Family Practice	Approval	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 not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes,	27
General/Family Practice	Approval	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 not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes,	1
General/Family Practice	Approval	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 not an orthopedist.; There is no supsected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or	3
General/Family Practice	Approval	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 not normal.; <Additional Clinical Information>;	1
General/Family Practice	Approval	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 not normal.; Pt has knee pain and mass per xray;	1
General/Family Practice	Approval	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 not normal.; The ordering physician is an orthopedist.; Non-	4
General/Family Practice	Approval	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 not normal.; The ordering physician is not an orthopedist.;	10

General/Family Practice	Approval	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 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; It is not known if the	1
General/Family Practice	Approval	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 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; It is not known if the member	2
General/Family Practice	Approval	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 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	2
General/Family Practice	Approval	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 not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes,	6
General/Family Practice	Approval	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 not normal.; The ordering physician is not an orthopedist.; There is no supsected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or	2
General/Family Practice	Approval	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 results of the plain films is not known.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days; Yes, patient has completed and failed a	1

General/Family Practice	Approval	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 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	1
General/Family Practice	Approval	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 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;	1
General/Family Practice	Approval	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 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; Yes, patient has completed and failed a course of	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.;	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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; Redness; Yes, patient has completed and failed a course of conservative treatment.; Physician directed	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	3
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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;	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The plain films were not normal.; unknown; Known or Suspected Joint Infection	1
General/Family Practice	Approval	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	9
General/Family Practice	Approval	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 not completed 6 weeks of physical therapy?; The patient	2

General/Family Practice	Approval	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 from a recent injury.; It is not known if there is a suspected meniscus, tendon, or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	1
General/Family Practice	Approval	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 from a recent injury.; There is a suspicion of a meniscus, tendon, or	2
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; No, there is no known trauma involving the knee.; Instability; Instability; Yes, the member experience a	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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; Suspected meniscus, tendon, or ligament injury; Yes, there is a known trauma involving the knee.; Yes,	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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;	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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 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	1
General/Family Practice	Approval	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	3
General/Family Practice	Approval	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 no evidence of tumor or mass from a previous exam, plain film, ultrasound, or previous CT or MRI."; There is a suspicion of an	5
General/Family Practice	Approval	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 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-	1
General/Family Practice	Approval	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 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.	1
General/Family Practice	Approval	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 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	18

General/Family Practice	Approval	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 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 not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	3
General/Family Practice	Approval	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.	19
General/Family Practice	Approval	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 suspected tarsal coalition.	15
General/Family Practice	Approval	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 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.; There is not a suspected tarsal coalition.; The patient does not have a documented limitation of their range of motion.	1

General/Family Practice	Approval	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 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.	3
General/Family Practice	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 had an abnormal plain film study of the ankle other than arthritis.; There is	2
General/Family Practice	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	2
General/Family Practice	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.; There is not a suspected tarsal	5
General/Family Practice	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 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	1

General/Family Practice	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 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.	1
General/Family Practice	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 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	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.; It is not known if	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.	1

General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	unknown; This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; It is unknown if surgery, fine needle aspirate or a biopsy is planned in the next 30 days.; This study is NOT being ordered for evaluation of Morton's Neuroma.; A biopsy has NOT been completed.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	unknown; 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.	2
General/Family Practice	Approval	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 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

General/Family Practice	Approval	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 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.; Straight leg raises for about 5 weeks, continuing to fall, not helping, knee has a lot of effusion in it, crepitus in her knee, has good ROM; The patient received oral analgesics.	1
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	XR KNEE 3 VW LEFT: 1/31/2017 Reason For Exam: Idiopathic gout, unspecified chronicity, unspecified site,Chronic pain of left knee	
General/Family Practice	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	XRAY DID NOT SHOW ANYTHING, AND FURTHER IMAGING IS NEEDED; This study is being ordered for trauma or injury.; JANUARY 9, 2017; There has been treatment or conservative therapy.; SHARP PAINS AT ALL TIMES IN ANKLE AND FOOT; ELEVATION, ICE, WALKING CAST BOOT, MEDICATIONS	2
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		1

General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	< 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 ; This study is being ordered for trauma or injury.; 50 year old here with complaints of left hip pain and left lower back pain. Onset 2 weeks ago after a fall. States that his pain is the same pain that he has always had but now it's just worse. Pain is usually 6/10 now its 7/10 despite pain medication whic; There has been treatment or conservative therapy.; 50 year old here with complaints of left hip pain and left lower back pain. Onset 2 weeks ago after a fall. States that his pain is the same pain that he has always had but now it's	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	No OA noted in orthopedic evaluation - multiple failed conservative treatments over last 18 months. &#xOD; None; This study is being ordered for a neurological disorder.; 8/14/2017; There has not been any treatment or conservative therapy.; Pt has numbness and tingling. 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 numbness and tingling; This study is being ordered for trauma or injury.; 7/10/2017; There has been treatment or conservative therapy.; pain; PT, medications	2
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		1

General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Pt. c/o of right hip pain that has been going on for a couple of years. Pt describes pain as aching, burning, stinging, stabbing. c/o the pain is exacerbated and made much worse by attempting to lift or carry something, if she bends over or squats, lying ; This is a requests for a hip MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determinjed	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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.	5
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 a suspicion of AVN.; The patient is not receiving long-term steriod therapy (Prednisone or Cortisone).; The 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 steriod 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 not been treated with and failed a course of supervised physical therapy.; There is not a mass near the hip.; The	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		1

General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 receiving long-term steriod 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.	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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.	8
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 steriod 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.	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	10

General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 receiving long-term steriod therapy (Prednisone or Cortisone).	3
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	7
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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).	2
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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	3

General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 been treated with and failed a course of supervised physical therapy.; There is not a mass near	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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	1
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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-	1

General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	<p>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.</p>	2
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	<p>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 used a</p>	3
General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	<p>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 had an abnormal plain film study of the hip</p>	5

General/Family Practice

Approval

73721 MRI JOINT OF
LOWER EXTREMITY, HIP
OR KNEE OR ANKLE OR
FOOT JOINT

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 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 does not have a documented limitation of their range of motion.

1

General/Family Practice

Approval

73721 MRI JOINT OF
LOWER EXTREMITY, HIP
OR KNEE OR ANKLE OR
FOOT JOINT

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 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 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 does not have a documented limitation of their range of motion.

1

General/Family Practice	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	5
General/Family Practice	Approval	73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; Over a month; There has been treatment or conservative therapy.; leg pain , BP issue's that got worse ,, medication , Doppler , labs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	74150 CT ABDOMEN WITHOUT CONTRAST		1

General/Family Practice

Approval

74150 CT ABDOMEN
WITHOUT CONTRAST

"I was involved in an accident approx 1 month ago, trapped under a car for approx 1 hr". "eating makes pain worse, hurts to swallow"; 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

1

General/Family Practice

Approval

74150 CT ABDOMEN
WITHOUT CONTRAST

< 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.; 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

1

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>&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 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 labs.; Labs other than Metanephrine, Nor-metanephrine or Catecholamine were completed and found to be abnormal.; Yes this is a request for a Diagnostic CT</p>	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>&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 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</p>	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>&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</p>	

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< 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	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 1/11/2016; There has not been any treatment or conservative therapy.;	1

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>&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;; &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</p>	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>&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.; 09/04/2008; There has been treatment or conservative therapy.; ABDOMENAL PAIN , ELBOW PAIN; EX-RAYS ULTRASOUNDS MEDICATION , ANTI INFLAMATORYS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET</p>	1

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< 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.; 8/28/17; There has not been any treatment or conservative therapy.; pelvic pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< 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.; For abdomen & neck - 2 weeks ago; There has been treatment or conservative therapy.; The pt has abdominal pain periumbilical location, enlarged lymph node (neck), epigastric umbilical hernia.; Medication	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 7/12/17; There has not been any treatment or conservative therapy.; nausea, knocked unconscious. right chest and abdominal pain. tenderness and pain behind ear, very sleepy and drowsy.	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	. ileus (bowel obstruction; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 	

General/Family Practice	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 not a request for initial staging of a known tumor other than prostate.; 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.; 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	1
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General/Family Practice	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 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	1
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General/Family Practice	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.; 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	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; 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	1
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, 	

General/Family Practice	Approval	74150 CT ABDOMEN 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.; ; 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 AAA; This is a request for an Abdomen CT.; This study is being ordered for another reason besides ABD. palpation revealed abnormalities palpable dense area to left of umbilical region. Pt. has had a laparoscopic hysterectomy and has a scar directly in this same area.; 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 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 Abdomen soft. Localized tenderness to palpation medial to the medial extent of her right upper quadrant incision. No palpable mass. No obvious tumor. Abdomen ultrasound significant for shadowing possible right renal calculi, patient has history of nephrolithiasis. Patient experiencing acute abdominal pain, flank pain.; This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.;	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		1

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	ABDOMINAL 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.; 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 abn ct chest showing liver lesion w/known liver disease w/constipation and abn lab work; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Benign appearing density projecting over the right mid-abdomen unclear etiology measuring 12mm.; 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
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	distended abd for last 3 months, negative xray and ultrasound; 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	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Dr. could feel enlargement of organ when palpating abdomen during exam.; 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	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	elevated liver function tests; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 	

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Enter answer here - or Type In Pt Unknown If No Info Given.
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	follow up to cyst; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Hernia and abdominal pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  left lower 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, 
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Left lower quadrant pain. Change in bowel habits constipation alt with diarrhea; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	liver enzymes elevated.looking for tumor.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8-4-17; There has been treatment or conservative therapy.; upper right quad pain and extreme tenderness.; GI rest bland diet.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

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	multiple elevated creatin; renal insufficiency; chronic lower back pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Pain - Tenderness to palpation at epigastrium and upper middle quadrant, ventral hernia, and reducible.;	
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	
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides	
			Pancreatic mass present on CT Abd w/o contrast. Recommendation is to perform ct w/ contrast for further eval.; 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.; Yes, this is a repeat of a CT of the abdomen within 6 weeks.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Patient has a history of splenomegaly relieved with phlebotomy.; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.;	
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	There is no evidence of organ enlargement on	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Patient has LUQ pain everytime she eats and family history of 3 members having pancreatic cancer.; This is a request for an Abdomen CT.; This study is being	

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Patient states he had a tumor removed from his left kidney. He had a cryoablation done. He is supposed to go back for a one year CT scan. He sees a urologist in Jonesboro.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Patient with abdominal pain and guarding. Suspect incisional hernia.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Patient with abdominal pain, diarrhea, nausea, and anorexia.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides POSSIBKLE ABDOMINAL HERNIA THAT MAY BE ENTRAPPED; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	possible gull stone; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	possible small hernia; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	pt has had elevated liver enzymes since 6-27-17. continue to stay abnormal; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Pt is having Flank pain radiating to RUQ abdominal area. Dr is looking at kidneys or other organs that may be causing pain.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 	
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Pt states he is having episodes of upper abdominal pain with nausea and vomiting over the past few years. pt states the episodes are spontaneous and do not happen after eating anything particular or at a specific time of day.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone,  PT still in pain. Prior gallbladder US was normal.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 	
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Pt with diarrhea 4 weeks in duration with moderate LLQ tenderness; GI panel negative for infectious disease process; not responsive to treatment. Pain continues;; 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-	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	R/O hernia	
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Rule out mass; 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	1

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Sharp abdominal pain for more than a month.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral	
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	She has been diagnosed with Barrett's Esophagus. She describes what sounds like multiple Schatzki's rings in her esophagus. She also describes esophagus spasms. Would like to get CT chest and abdomen with contrast to see if exrtinistic lesion in chests is ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Suspected hernia rupture from previous surgeries.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides	
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Suspicious mass found upon US Abdomen; 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, The gallbladder is enlarged.; This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; Which organ is enlarged? Other; Yes this	1
General/Family Practice	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 operatove complication.; Yes this is a request for a Diagnostic CT	2
General/Family Practice	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 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	1

General/Family Practice	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	3
General/Family Practice	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 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.; It is not known if this is a request for follow up to a known tumor or abdominal cancer.; Yes, there is a palpable or	1
General/Family Practice	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 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.; No, there is a palpable or observed abdominal mass.; Yes, there is a Is there an abdominal	1
General/Family Practice	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 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	3

General/Family Practice	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.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a	5
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; It is not known if there is a strong suspicion of kidney or ureteral stones.; This patient is experiencing hematuria.; 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 a kidney/ureteral stone.; There is a known or a strong suspicion of kidney or ureteral	12
General/Family Practice	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 a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is	20
General/Family Practice	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	2
General/Family Practice	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	2
General/Family Practice	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 no new lab results or other imaging studies including	1

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a vascular disease.; The requested studies are being ordered for known or suspected aneurysms and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; Yes	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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	18
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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	7
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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	1

General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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	2
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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 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	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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	7
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, 	
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	
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	
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	
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	

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 This is a request for an Abdomen CT.; This study is being ordered for trauma.; It is not known if this request is for follow up for 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	1
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	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Trying to rule out Hernia; 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	2
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	TX with antibiotics with no relief, continues to have ABN pain, benign prostatic hyperplasia, Lower urinary tract SX; This is a request for an Abdomen CT.; This study is being ordered for another reason besides	1
General/Family Practice	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	US DONE ON 9/18/2017 IMPRESSION: IRREGULAR ECHOGENIC ABNORMALITIES WITHIN THE RIGHT HEPATIC LOBE, LARGEST MEASURING 5.2 CM, POSSIBLE ETIOLOGIES INCLUDE GEOGRAPHIC FATTY DEPOSITION, HEMANGIOMA, OR MASS. RECOMMEND CT ABDOMEN WITH HEMANGIOMA PROTOCOL FOR FUR; This is a	

General/Family Practice	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON	This is a request for CT Angiography of the Abdomen and Pelvis.	6
General/Family Practice	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCON	Yes, this is a request for CT Angiography of the abdomen.	7
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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 not the first visit for this complaint.; It is unknown if there	14
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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.; 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 within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.;	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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.; 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	2
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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 acute pain.; There has been a physical	3
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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 acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was	2
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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 acute pain.; There has been a physical	3

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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	2
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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.; It is not known if a pelvic exam was performed.; 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	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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 a Breast MRI, CT	3
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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 physician is not a hematologist/ oncologist.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		2

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	. Status post hysterectomy 6/12/17 for endometrial cancer; had D&C first but was reluctant to undergo hysterectomy; told had some disease progression between the 2 procedures; has more redness, pain and pitting edema of the abdominal wall in the area of h; This is a 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 ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
General/Family Practice	Approval	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 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	1
General/Family Practice	Approval	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.; 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	Approval	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.; 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	1
General/Family Practice	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 female.; A pelvic exam was NOT	2
General/Family Practice	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 female.; It is not known if a pelvic	1
General/Family Practice	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 not	2
General/Family Practice	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	4
General/Family Practice	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	2

General/Family Practice	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 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 Inflammatory/ Infectious Disease.; 05/19/2017; There has been treatment or conservative therapy.; fever, fatigue, elevated sed rate.; ; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty ; This study is 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.; pt needs ct chest to eval nodules, needs abdomen/pelvis for clearance for melanoma of skin.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET ; This study is 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
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for trauma or injury.; 07/24/2017; There has been treatment or conservative therapy.; RUQ ABD PAIN, HEADACHES MEMORY LOSS LEFT FOOT PAIN SWELLING POSS. FRACTURE; ICE	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for trauma or injury.; 08/01/2017; There has been treatment or conservative therapy.; Pt is having chronic pain,abdominal and pelvic pain, sharp shooting continued, pain has not been relieved with meds. Nauseated. pt having neck pain with neuropathy. medication and therapy has not changed condition. worsen the last 2 months; Pain medication, NSaids, Physical therapy, Narcotics; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	52-year-old male with concern for aortic pathology/dissection or left 59 year male patient w/ abd pain and bulge; 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 A non-contrast CT was performed for a hernia. Results of the Ct stated a CT with contrast should be done for renal mass and pulmonary nodules found.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ABD Pain w/negative ultra sound on 7/1/2017, Normal Lab at ER.; This is a 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	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Abdomen pain/nausea/GERD--CT abdomen/pelvis ordered for further evaluation. This should also evaluate ovaries as well.; 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 Abdominal pain with high fever and 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	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Abdominal pain, blood in feces from july 06 2017 right upper quadrant pain and left upper quadrant pain abdominal pain; fever; vomiting; 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	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Acute 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 acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Blood 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 acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	bloody bowel, 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 male.; A rectal exam was	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	CHILLS,CHILLS/RIGORS,FATIGUE,FEVER.NIGHTSWEATS, COUGH,DYSPNEA,ABDOMINAL PAIN,DIARRHEA,NAUSEA,VOMITING; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ; COURSE ct prior to appt with urologist. extreme pelvic pain. urine WBC occasional, RBC 4-8, squam epthel- occasional.; This is a 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 Evaluate for abdominal distension, and 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	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	firm distended abdomen &#xOD; Hematuria, left flank pain, dysuria.; This is a 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 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	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	history of kidney stones; 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.; hx of prostate cancer with metastatic disease on the rt 8th rib.; 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	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	HYPO ACTIVE BOWEL SOUNDS, PATIENT HAS NOT HAD BOWEL MOVEMENT IN 2 WEEKS, ABD PAIN DURING PALPITATIONS, HAS BEEN VOMITING FOR 2 DAYS.; This is a 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	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Impression: 	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	kidney stones, cva tenderness lower abdominal tenderness; This is a 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 L lower quad pain, diarrhea; 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 billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	likely 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 Lost 22 pounds in 2 months, Family history of colon cancer, currently has chronic Hep C.; 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.; malignancy work up for 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.; 4/28/2017; There has been treatment or conservative therapy.; history of	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	moderate diffuse pain; N/A; 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 na; This is a 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	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	patient c/o stomach pain and right side pain that extends through to her back and down her thigh also states she has SOB and dizziness.; This is a 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 Patient complains of burning, tearing feeling in abdomen constant for last month and becoming worse. Palpable masses on exam. Patient has had strangulation of her bowel. Due to her obesity, CT is recommended over ultrasound.; 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	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient found blood in his stool he noticed it yesterday and he has been having abdominal pain for about 2 weeks and he also complains of his kidneys hurting has	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient has been running 102 temperature Patient has fever, left lower quadrant pain, frequent diarrhea, nausea and 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 male.; A rectal exam was	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	patient has had an ultrasound done and saw something on the right side.; 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 patient is having abdominal pain with rebounding. patient is also having weight loss; This is a 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 patient possible has a 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 performed.; The results of the exam were normal.; Patient presents for follow-up; reports recently having an MRI to her lumbar spine for further evaluation of ongoing lower back pain; ordered by CPS. MRI indicated mild disc and posterior element degenerative changes; incidently, the MRI also indicated se; 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	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient presents to clinic with kidney stone. She was recently in the Navy Bootcamp in Chicago and was diagnosed with a kidney stone per CT. She was told it was too large to pass. She is now here in primary care office needing a referral to urology. She s; This is a 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	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient seen in July for flank pain and hematuria. Medication was prescribed. Patient seen today for gross hematuria and flank pain. Patient has a personal history of stones.; 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	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient symptoms are back pain, vomiting and weight loss.; This is a 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 not performed.; Yes this is a request for a Diagnostic CT Personal history of pancreatitis and adenitis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Presents in clinic with abdominal pain, history of pancreatitis 6/2015. Soft tissue tenderness/swelling in sublingual area in anterior cervical area with history of adenitis 12/2016.; There has been treatment or conservative therapy.; Abdominal pain; Soft tissue swelling of neck with tenderness in the sublingual and anterior cervical area; Antibiotics; One of the studies	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Possible 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	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Possible kidney stone and flank 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	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Possible kidney stones. UA normal but ALL over but mainly left sided pain. Cont. Dysuria.; This is a 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
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	PT C/O ABDOMINAL PAIN, BLOATING, AND HEMATOCHYZIA. ALSO HAVING SOME DYSPNEA.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	pt c/o burning with urination, lower abdominal pain that is worse at night. pt c/o frequency. pt c/o urine appearing more dark and cloudy. pt c/o sx since last weekend; 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	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	pt c/o left lower abdominal/groin/pelvis pain. mild tenderness left lower abdomen.; Pt continues to have some LUQ, L lower rib pain. This was initially present after she ran into a broom handle 18+ months ago, then improved. But, for the last 6 weeks, she had had worsening pain. Pain is tender to touch. Chiropractor has helped some, 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.; Pt continues to have some LUQ, L lower rib pain. This was initially present after she ran into a broom handle 18+ months ago, then improved. But, for the last 6 weeks, she had had worsening pain. Pain is tender to touch. Chiropractor has helped some, but ; There has been treatment or conservative therapy.; Pt continues to have some LUQ, L lower rib pain. This was initially	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	present after she ran into a broom handle 18+ months ago; Pt had abnormal colonoscopy; persistent abdominal pain, nausea with vomiting and altered bowel habits; This is a 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	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt has CA.; 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	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt has hematuria and abd 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 not performed.; Yes this is a request for a Diagnostic CT pt has left side pain that wax and wans also has hematuria possible renal colic.; This is a 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 pt has rectal bleeding, tenderness;; This is a 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.;	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	PT HAVING LLQ PAIN, HEPATITIS C, FREQ UTI'S, HEMATURIA. pt is needing a ct abd/pelvis due to generalized abd pain, needing to make sure pt's appendix isn't inflamed and needing removed; This is a 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	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt with persistent hematuria accompanied with low abd 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	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	R/o abscess, post-op.; 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	Approval	74176 CT ABD & PELVIS W/O CONTRAST	r/o kidney stones; flank pain; 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	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	r/o lymphoma; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/24/2017; There has been treatment or conservative therapy.; night sweats; cramping; fatigue; sob; edema; low energy; 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	Approval	74176 CT ABD & PELVIS W/O CONTRAST	right low 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 female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	right lower quad 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.; 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

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	right upper quadrant pain and flank 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 Rule out 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 female.; A	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Severe abdominal pain with blood in stool.; This is a 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	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Severe abdominal pain with rebound. Fever present. Possible 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 female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT she was in the ER 7/14/17. Family history of colon cancer. Bloating, constipation, diarrhea, blood in stool. Onset 1 week 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	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	sudden onset of abdominal pain with nausea vomiting and 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 susp skin 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 Suspect renal 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 Tenderness w/palpation. RLQ abd. pain, hx. of diverticulosis, sick appearing, change in bowel habits, fever, 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	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Tenderness, abdominal pain, abnormal labs; This is a 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	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	The Pt has history of kidney stone. Pt has pain. Pt has chronic Reflux.; 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	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	2
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	2
General/Family Practice	Approval	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 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	1

General/Family Practice	Approval	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 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	7
General/Family Practice	Approval	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 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	9
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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 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	58
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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 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.; It is not known if there is a suspicion of an adrenal mass.; This is a request to confirm a suspicious renal mass suggested	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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 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.; It is not known if there is a suspicion of an adrenal mass.; This is not a request to confirm a suspicious renal mass	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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 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;	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; It is not known if there is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; abnormal labs; Yes this is a request for a Diagnostic CT	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; It is not known if there is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; PT IS HAVING Abdominal pain; Yes</p> <p>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</p>	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; It is not known if this request is for follow up for 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.; Trauma; STAT.; Yes this is a request for a Diagnostic CT</p>	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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.; uploaded clinical notes; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	11

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1
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 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
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 known tumor.; This is not request for evaluation of prostate cancer.; 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 male.; Yes this is a request for a Diagnostic CT	1
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 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	1

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 organ enlargement.; There is ultrasound or plain film evidence of an abdominal organ enlargement.; This study is not being requested for abdominal and/or	2
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 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	4
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested studies are being ordered for known or suspected aneurysms and are being ordered by a surgeon or by the attending physician on	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	2
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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 no evidence of vascular abnormality seen on plain film and/or	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Ultrasound/ Doppler.; There are no symptoms or findings to indicate the member has internal abdominal	1

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 post-operative evaluation.; It is not known if the requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation; &Enter 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- 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	1
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 post-operative evaluation.; The requested study is a first follow up study for a post operative complication.; Pre- 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	6
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	4
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	5
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	271

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	1
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 Hematuria.; Other; Yes this is a request for a Diagnostic CT	63
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 Lymphadenopathy.; Other; Yes this is a request for a Diagnostic CT	2
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 unexplained abdominal pain in patient over 75 years of age.; Other; Yes this is a request for a Diagnostic CT	3
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 unexplained weight loss of greater than 10% body weight in 1 month; Other; Yes this is a request for a Diagnostic CT	18
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 Acute Non-ulcerative Colitis.; 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	1

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 Crohn's disease.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not	1
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; It is not known if the	2
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	7
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 Inflammatory bowel disease.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient	6

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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 Ulcerative Colitis.; 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</p>	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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</p>	2

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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.; ; Yes this is a request for a Diagnostic CT</p>	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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.; bilateral abdominal pain, nausea and vomiting, decreased urination , can barely stand; Yes this is a request for a Diagnostic CT</p>	1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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.; left sided flank pain, fever , nausea, taking antibiotics, back pain, urinalysis negative; Yes this is a request for a Diagnostic CT</p>	1
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General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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.; R/o appendicitis; Yes this is a request for a Diagnostic CT</p>	1
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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 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.; r/out diverticulitis; Yes this is a request for a Diagnostic CT	1
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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 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.; ran Labs yesterday elevated blood glucose.; Yes this is a request for a Diagnostic CT	1
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General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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.; Symptoms include abdominal pain. The pain is located in the right upper quadrant and right lower quadrant. The pain radiates to the back (RIGHT SHOULDER BLADE). The patient describes the pain as sharp and aching. Onset was month(s) ago. The symptoms occur; Yes this is a request for a Diagnostic CT</p>	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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</p>	36
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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</p>	15

General/Family Practice	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; 53 Y/O MALE CAME IN TODAY WITH C/O LEFT SIDE PX IN TWO PLACES. C/O NECK PX WITH BURNING - CIRCUMFERENTIAL. HAS HAD A HEART CATH 2 STENTS 1 BALLOON 2013.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	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; 6 month follow up 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; ABD Pain, BP;; Yes	1
General/Family Practice	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; ABD pain, hernia; Yes this is a request for a Diagnostic CT	1
General/Family Practice	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; ABDOMINAL PAIN ON GOING X2 MONTHS 	1

General/Family Practice	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; abdominal problems have not improved since she saw Dr. Pope July 10. That day they thought she had UTI. For 1-2 days was having dysuria, frequency, and lower abdominal pain. But she	
General/Family Practice	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; abdominal tenderness, rebound and guarding , pain for a week,	1
General/Family Practice	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; Abnormal ab/pelvic ct; Yes this is a request for a Diagnostic CT	1
General/Family Practice	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; Acute abdominal	1
General/Family Practice	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; acute pain; Yes this is a request for a Diagnostic CT	1
General/Family Practice	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; braca one came back with heterozygous clinically significant mutation; Yes this is a request for a Diagnostic CT	1

General/Family Practice	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; came in earlier this week and was given promethazine for her nausea . has stomach pains are still present with nausea, vomiting and diarrhea, she is not better today. also having guarding on exam; Yes this is a request for a Diagnostic CT	1
General/Family Practice	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; chronic diarrhea, stomach cramps for 3 weeks; Yes this is a request for a Diagnostic CT	1
General/Family Practice	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; DIVERTICULITIS. FREQUENT DIARRHEA. RLQ/LLQ PAIN. FLANK PAIN RADIATES TO SUPRAPUBIC AREA.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	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; ELEVATED LIVER FUNCTION TEST AND RIGHT EXTRARENAL PELVIS VERSUS PELVIECTASIS; Yes this is a request for a Diagnostic CT	1

General/Family Practice	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; Generalized abdominal pain noted. This is located primarily in the left flank. There is some radiation to the periumbilical region. It began 1 month ago. The onset of pain occurred with no apparent trigger. He characterizes it as dull. It is of mild; Yes this is a request for a Diagnostic CT	1
General/Family Practice	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; GENERALIZED GUARDING OF ABDOMEN, TENDERNESS, SHARP STABING 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; had a colonoscopy that was normal but is still having abdominal pain; Yes	1
General/Family Practice	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; HEP C ---- LEFT GROIN 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; HISTORY OF DIVERTICULITIS, NAUSEA, VOMITING AND DIARRHEA,	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

General/Family Practice	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; history of renal	1
General/Family Practice	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; left and right lower	1
General/Family Practice	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; left inguinal hernia;	1
General/Family Practice	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; Left side abdominal	1
General/Family Practice	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; nausea, pain,	1
General/Family Practice	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; pain and elevated	1
General/Family Practice	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; pain on left side of back, comes and goes past two weeks, worsens gets	1
General/Family Practice	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; pain, negative x-ray;	1

General/Family Practice	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; pain; Yes this is a request for a Diagnostic CT	3
General/Family Practice	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; Patient constipated and has blood in anus and pain, dizziness and vomiting; Yes this is a request for a Diagnostic CT	1
General/Family Practice	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; Patient had open cholecystectomy 7/2016, developed post op hernia, 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 scrotal ultrasound on 7/13/17 which showed a right sided varicoceles such as adenopathy. Radiologist	1
General/Family Practice	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; Patient has a family history of stomach cancer and is concerned for his own health; Yes this is a request for a Diagnostic CT	1

General/Family Practice	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; Patient has a ventral hernia with acute tenderness to palpation - epigastric	1
General/Family Practice	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; Patient has	1
General/Family Practice	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; patient has	1
General/Family Practice	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; Patient has abdominal pain, nausea, vomiting, decreased appetite,	1
General/Family Practice	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; Patient has blbes in	1
General/Family Practice	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; Patient presents with inguinal hernia. Examination shows direct tenderness in the RLQ of the abdomen/inguinal with a	1
General/Family Practice	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; Patient to be evaluated for generalized abdominal pain. It began 2 months ago. It is localized primarily in the left lower quadrant. She characterizes the pain as aching. It is	1

General/Family Practice	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; Patient to be evaluated for generalized abdominal pain. Mrs. DENNIS complains of abdominal pain that is diffuse in location. It began 6 hours ago. She characterizes it as	1
General/Family Practice	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; Patient was seen 08/14/17 in clinic for lower abdominal pain and	1
General/Family Practice	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	
General/Family Practice	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; Persistent abdominal pain, change in bowel habits, pelvic and scrotal pain over past year.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	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; Pt does not have a gallbladder anymore, did an ULTRA in May and was normal. Pt is still having reoccurring abdominal tenderness and right lower quadrant pain.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	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; pt had abnormal	1
General/Family Practice	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; Pt had elevated liver enzymes; Yes this is a request for a Diagnostic CT	1
General/Family Practice	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; pt had pain in right lower quadrant area and pain into low pain, no apparent trigger, sharp and tabbing pain , severe and intense, pain lasting all day, nausea and vomiting, voluntary guarding; Yes this is a request for a Diagnostic CT	1
General/Family Practice	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; pt had unexplained abdominal pain for over 4 months, pain in right upper and lower quadrant,; Yes this is a request for a Diagnostic CT	1
General/Family Practice	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; Pt has a history of colon cancer with a recent colon resection in Sept 2016 & follow up PET scan was clear but is now having	1

General/Family Practice	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; PT HAS HAD ABDOMINAL PAIN, VOMITING AND DIARRHEA SINCE	1
General/Family Practice	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; Pt has known metastatic liver cancer as well as an abdominal wall	1
General/Family Practice	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; Pt is having nausea and left sided abdominal pain, pain has lasted for a couple of months, diarrhea, loss of appetite, mild pain	1
General/Family Practice	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; Pt is needing CT of the abdomen and pelvis; history of kidney failure has	1
General/Family Practice	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; Pt suffers with constipation for 1 week, also has hx of Cancer 4x. R/o	1
General/Family Practice	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; pt. has a history of renal cancer and is having abdominal pain and it is time for follow up CT.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	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; r lower and upper quad tenderness for about 4 months and a normal	1
General/Family Practice	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; r/o diverticulitis; Yes	1
General/Family Practice	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; r/u appendicitis; Yes this is a request for a Diagnostic CT	1
General/Family Practice	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; RENEL CYST IDENTIFIED BY ULTRASOUND, ELEVATED LIVER	1
General/Family Practice	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; Right Lower Quad Abdominal Pain, intermitted mild. WBC 8.2, negative obturator and psoas. Negative murphy sign. No previous diverticular disease. no nausea or vomiting.; Yes this is a request for a Diagnostic CT	1

General/Family Practice	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; Right upper quad lpain that radiates up the back.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	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; right upper quadrant pain, diarrhea; Yes this is a request for a Diagnostic CT	1
General/Family Practice	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; RULE OUT APPENDI; Yes this is a request for a Diagnostic CT	1
General/Family Practice	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; STENT PLACEMENT 1 MONTH AGO,HAS TOTAL OF 10 STENTS.PLACED ON BLOOD THINNERS X 2 WEEKS,OFF BLOOD THINNERS X 2 WEEKS NOW. ON BABY ASA AND PLAVIX-CURRENT.URINE TEST-NORMAL,PHYSICAL EXAM-NORMAL.FLANK PAIN, PAIN STARTED WHEN BLOOD THINNER STARTED AND PAIN HAS ; Yes this is a request for a Diagnostic CT	1
General/Family Practice	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; stomach burning and	1

General/Family Practice	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; suprapubic tenderness and CVA tenderness (right), pain with urination, increased urinary frequency, and feelings of urgency (taking OTC AZO which discolors urine) and no	1
General/Family Practice	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; Treated for infection	1
General/Family Practice	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; unexplained swelling dating back to 06/07/2017; weight gain; mild I side	1
General/Family Practice	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	6
General/Family Practice	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; unable to rid uti; edema; flank pain; nausea; extremity pain; fatigue;; Yes	1
General/Family Practice	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; upon exam; rectal	1

General/Family Practice	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; UPPER AND LOWER QUADRANT TENDERNESS, WEIGHT GAIN; Yes this is a	1
General/Family Practice	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; ventrical wall hernia	1
General/Family Practice	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; x-ray of abdomen, gas & feces in colon, questionable small bowel	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	376
General/Family Practice	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	27
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement;	13
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is neither a known nor a strong suspicion of kidney or ureteral stones.; It is not known if this patient is experiencing hematuria.; Kidney/Ureteral stone; Kidney stones vs inguinal hernia	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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; no bowel movement in 4 days	

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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; Xray all show WNL gas pattern consistent with ileus/SBO. PT has Abdominal pain on right side also has diarrhea. During examination provider noticed	1
General/Family Practice	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.; It is not known if there are new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound,	1
General/Family Practice	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 new symptoms including	12
General/Family Practice	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 new lab results or other imaging studies including ultrasound, Doppler or plain films	9
General/Family Practice	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.; It is not known if there is a suspicion of an adrenal mass.; It is not known if this is a request to confirm a suspicious renal mass suggested by physical	1

General/Family Practice	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.; It is not known if there is a suspicion of an adrenal mass.; This is a request to confirm a	1
General/Family Practice	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	1
General/Family Practice	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 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	2
General/Family Practice	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 not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious	1

General/Family Practice	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 not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious	1
General/Family Practice	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 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; LLQ tenderness, suprapubic tenderness, and mass	1
General/Family Practice	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 not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious	1
General/Family Practice	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 not a suspicion of an adrenal mass.; This is not a request to confirm a suspicious	1

General/Family Practice	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 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; Worsening right groin pain, tenderness/small mass on palpitation. Rule out lymphadenopathy or hernia.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Kidney/Ureteral stone;	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; This is a request for an abdomen-pelvis CT combination.; This is a request for an abdomen-pelvis CT combination.; There is a known or a strong suspicion of kidney or ureteral stones.; There is a known or a strong suspicion of kidney or ureteral stones.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone;	1
General/Family Practice	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	12

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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.; It is not known if this is 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	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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, 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.; It is not known if there is an 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	8
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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 been a recent (within the last 3 months) Abdomen and/or Pelvis CT.; This would be a repeat of a CT of the abdomen and or pelvis within 6 weeks.; This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.; Known 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.;	1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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 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.;	7
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.;	2

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	2
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	2
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	2
General/Family Practice	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	1
General/Family Practice	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	3

General/Family Practice	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 lipase lab test.; The this is for a suspected 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 unknow; This is a 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 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 abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The 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.; This is the first visit for this complaint.; It is unknown if the patient had 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	2
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

General/Family Practice	Approval	74176 CT ABD & PELVIS W/O CONTRAST	wbc was elevated and labs were abnormal. Abd tender and pt unable to lay flat on table due to 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	1
General/Family Practice	Approval	74181 MRI ABDOMEN	< 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	1
General/Family Practice	Approval	74181 MRI ABDOMEN	< Enter answer here - or Type In Unknown If No Info Given. >; 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,	1
General/Family Practice	Approval	74181 MRI ABDOMEN	< 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	1
General/Family Practice	Approval	74181 MRI ABDOMEN	< 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.; 2013 renal mass; There has not been any	
General/Family Practice	Approval	74181 MRI ABDOMEN	nethrolith 2 ml; 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	1
General/Family Practice	Approval	74181 MRI ABDOMEN	on pt's ct they found some abnormal findings with her liver. we are trying to find out if this pt has cancer or something else.; This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had	
General/Family Practice	Approval	74181 MRI ABDOMEN	previous abnormal imaging including a CT, MRI or	1

General/Family Practice	Approval	74181 MRI ABDOMEN	QUESTIONABLE MASS IN LEFT ADNEXA SEEN ON PELVIC ULTRASOUND. CLINICAL CONCERN IS PRESENT ABOUT LEFT ADNEXAL MASS AND MRI IS 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.; 08/15/17; There has been treatment or conservative therapy.; PELVIC PAIN, MOSTLY LEFT-SIDED; PELVIC ULTRASOUND; One of the studies being ordered is NOT a Breast MRI, CT	1
General/Family Practice	Approval	74181 MRI ABDOMEN	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	
General/Family Practice	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	1
General/Family Practice	Approval	74181 MRI ABDOMEN	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.";	1
General/Family Practice	Approval	74181 MRI ABDOMEN	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.; < Enter answer here - or Type In	1
General/Family Practice	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; This study is being ordered for staging.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; There is a known tumor.; < Enter answer	1

General/Family Practice	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 had an abdominal	4
General/Family Practice	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 had an abdominal	5
General/Family Practice	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 had an abdominal ultrasound, CT, or MR study."; 5cm low density lesion on liver, further characterization of the left lobe liver	1
General/Family Practice	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 had an abdominal ultrasound, CT, or MR study."; abnormal abdominal	1
General/Family Practice	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 had an abdominal ultrasound, CT, or MR study."; Ct scan showed a 1.2 cm	1
General/Family Practice	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 had an abdominal	1

General/Family Practice	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 had an abdominal ultrasound, CT, or MR study."; Patient comes in today for follow-up from his recent hospitalization. He states that he still having left upper quadrant abdominal pain, 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
General/Family Practice	Approval	74181 MRI ABDOMEN	patient had a CT abdomen with a follow up MRI abdomen on 1/20/17, 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
General/Family Practice	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 had an abdominal ultrasound, CT, or MR study.";	1
General/Family Practice	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 had an abdominal ultrasound, CT, or MR study.";	1
General/Family Practice	Approval	74181 MRI ABDOMEN	Patient with abdominal pain x3 months. Has had Abdominal US and CT of	1

General/Family Practice	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 had an abdominal ultrasound, CT, or MR study."; PER CT ABDOMEN	1
General/Family Practice	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 had an abdominal ultrasound, CT, or MR study."; pt has left adrenal gland lesion & needs MRI to follow up previously had CTA & it showwd adrenal gland lesion on the left	1
General/Family Practice	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 had an abdominal ultrasound, CT, or MR study."; She was seen in the ER on 8/3/2017. She was diagnosed with liver masses. The following radiology tests were done: Abdominal	1
General/Family Practice	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 had an abdominal ultrasound, CT, or MR study."; Sonographic findings consistent with diffuse fatty infiltration of the liver. Within the left lobe of the liver is a 2.2x1.9x1.8cm	1
General/Family Practice	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 had an abdominal	2

General/Family Practice	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	2
General/Family Practice	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."; pt is having	1
General/Family Practice	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	1
General/Family Practice	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."; & Enter	1
General/Family Practice	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	1
General/Family Practice	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."; Patient had	1
General/Family Practice	Approval	74181 MRI ABDOMEN	CT Angiogram ABD/Aorta/Renal Arteries, splenic lesion	1

General/Family Practice	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.;" Radiologist	1
General/Family Practice	Approval	74181 MRI ABDOMEN	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	1
General/Family Practice	Approval	74181 MRI ABDOMEN	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,	1
General/Family Practice	Approval	74181 MRI ABDOMEN	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	2
General/Family Practice	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,	1
General/Family Practice	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.; Flank and abdominal pain with previously abnormal MRERCP.	1
General/Family Practice	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,	1

General/Family Practice	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.; Weight loss, bloody diarrhea, abdominal pain, ongoing. < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; Over a month; There has been treatment or conservative therapy.; leg pain , BP issue's that got worse ;, medication , Doppler , labs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The	1
General/Family Practice	Approval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST		1
General/Family Practice	Approval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST		1
General/Family Practice	Approval	75574 CT Angiography Heart coronary arteries, CCTA	This is a request for a MR Angiogram of the abdomen. 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	1
General/Family Practice	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 suspected Coronary Artery Disease (CAD) and asymptomatic (no significant symptoms)?;	1

General/Family Practice	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C- /C+ POST-PXESSING	< 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.; 08/31/2017; There has not been any treatment or conservative therapy.; swelling in lower extremities numbness tingling; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy,	1
General/Family Practice	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.	21
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	; 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	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	1/2017-Both breast have heterogeneously dense fibroglandular tissue that "may obstruct" masses. Microcalcifications in right breast appear stable. Left breast has 7x3mm new, but benign appearing mass	
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	GALACTORRHEA OF RIGHT BREAST WITHOUT MAMMOGRAPHIC OR SONOGRAPHIC CORRELATION; 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	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	L BREAST LUMP, BREAST SWELLING; 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,	1

General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	-LIFETIME RISK=30% USING TYRER-CUSAK RISK ASSESSMENT mammogram and ultrasound showed dense breast; 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.;	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	There is NOT a pattern of breast cancer history in at mri requested by radiologist performing mammogram. positive for metastatic cancer. pt with dense breasts needs mri of bilateral breasts to evaluate for malignancy.; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	No info given; This is a request for Breast MRI.; This study is being ordered for a suspected implant rupture.; No, this study is not being ordered to evaluate a suspected silicone implant rupture.	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	PATIENT HAS A THROMBOSED SUPERFICIAL VEIN LIMITING SENSITIVITY OF MAMMOGRAM AND ULTRASOUND. MRI IS REQUESTED TO EVALUATE FOR OCCULT MALIGNANCY.; This is a request for Breast MRI.; This study is being ordered for known breast	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Patient has developing asymmetry in the left 11:00	
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	PATIENT HAS SISTER DX WITH BREAST CANCER AT AGE 56: PATERNAL GRANDMOTHER AT AGE 61 AND MATERNAL GRANDFATHER AT AGE 60.	

General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	PT HAS A FAMILY HX OF BREAST CANCER AND A CALCULATED LIFETIME RISK OF 21.3%.; 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	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Pt has a lifetime risk of 27.1; 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 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).	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	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.	1
General/Family Practice	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	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	6
General/Family Practice	Approval	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 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	6
General/Family Practice	Approval	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 history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	2
General/Family Practice	Approval	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.; There are benign lesions in the breast associated with an increased cancer risk.	2

General/Family Practice	Approval	77078 CT bone mineral density study, 1 or more sites; axial skeleton	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	3
General/Family Practice	Approval	77084 Magnetic resonance imaging, bone marrow blood supply		1
General/Family Practice	Approval	78071 Parathyroid SPECT Imaging	This is a request for Parathyroid SPECT imaging.; PATIENT HAS ELEVATED CALCIUM AND ELEVATED TSH	1
General/Family Practice	Approval	78071 Parathyroid SPECT Imaging	This is a request for Parathyroid SPECT imaging.; Pt. has had kidney problems for 10 years and pt. has now kidney damage due to it. Pt. has had 5 lithotripsy this year and continue to has kidney stones. < Enter answer here - or Type In Unknown If No Info Given. >; 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.;	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; 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.	2
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; 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.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; 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.	1

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>; 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.</p>	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>; 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</p> <p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; substernal chest pain and shortness of breath; There has not been any treatment or conservative therapy.; see notes attached to case.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs</p>	3
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		1

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Chest pain and 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain with exertional; occurs with emotional stress; occurs with physical stress,worse with activity; worse with stress/emotional upset; 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.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain, abnormal stress echo. ecg portion of stress positive for ischemia by diagnosis criteria. also unable to walk long due to hip pain; The patient's age is between 45 and 64.; The patient has had a stress echocardiogram within the past eight weeks.; This is a	1

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	CHEST PAIN, INTERMEDIATE TREADMILL STRESS TEST RESULTS, COULD ONLY ACHIEVE 77% OF THE AGE ADJUSTED HEART RATE AND 85% OF THE MAXIMUM THAT IS NEEDED FOR ADEQUATE STUDY. NO HX OF HEART DZ.; 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	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	chest pain, obesity, 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's age is between 45 and 64.; 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.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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's age is between 45 and 64.; The patient has not had a stress	1

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Chest pains 2Xs a week going down her neck and arm; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Heart palpitations, chest tightness, chest pain w/ normal EKG, SOB, MPI 2 years ago.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	History of Present Illness:	

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Patient had abnormal EKG indicating ST & T wave abnormality considering anterolateral ischemia.; 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 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.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Postural dizziness with presyncope	
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	pt with intermittent episodes of chest pressure and palpitation. started w/ palpitations and SOB and now progressed to lower extremity edema and intermittent chest pain. She has underlying autoimmune disorder and has been on methotrexate.; 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	1

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	related SOB with episodes of chest pain, went to the ER, type 2 diab, fam hx of CAD, squeezing Chest pain, nitro given and pain relieved. ER MDO wants to have a stress test done., 2nd ER visit. pain radiate to left shoulder and arm.; 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	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	reoccurring episodes of chest pain, taking nitro for these episodes, had triple bypass surgery, CAD, CHF; 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.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	tenderness upon palpation around L4 and L5 reduced ROM abnormal plain film of L spine; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

General/Family Practice	Approval	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.	4
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is not diabetic.; The patient is less than 45 years old.; 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	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have diabetes.	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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	2
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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	2

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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 congestive heart failure.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging	3
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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.	1

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
General/Family Practice	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 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.	2
General/Family Practice	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 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.	15

General/Family Practice	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 documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; 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.	6
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General/Family Practice	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.; 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.	3
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General/Family Practice	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 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.	2
General/Family Practice	Approval	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 40 or greater	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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

General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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	2
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested to evaluate a suspected cardiac mass. 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's age is between 45 and 64.; The patient has not had a stress echocardiogram unknown; 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 UNKNOWN; The patient's age is between 45 and 64.; 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	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested to evaluate a suspected cardiac mass. 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's age is between 45 and 64.; The patient has not had a stress echocardiogram unknown; 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 UNKNOWN; The patient's age is between 45 and 64.; 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	1
General/Family Practice	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested to evaluate a suspected cardiac mass. 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's age is between 45 and 64.; The patient has not had a stress echocardiogram unknown; 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 UNKNOWN; The patient's age is between 45 and 64.; 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	1
General/Family Practice	Approval	78813 PET IMAGING WHOLE BODY	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	1

General/Family Practice	Approval	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 Lymphoma or Myeloma.; It is unknown how many PET Scans have already been	1
General/Family Practice	Approval	78813 PET IMAGING 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	1
General/Family Practice	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 Breast Cancer.; It is unknown if this	1
General/Family Practice	Approval	78813 PET IMAGING WHOLE BODY	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	1
General/Family Practice	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 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	1
General/Family Practice	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 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	1

General/Family Practice	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	4
General/Family Practice	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 requested for Lymphoma or Myeloma.; This would be the first PET Scan performed	3
General/Family Practice	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 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	4
General/Family Practice	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	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	2
General/Family Practice	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	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 Melanoma.; This is NOT for evaluation of regional lymph nodes.; This would be the first PET Scan performed on this patient	1
General/Family Practice	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	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.;	1

General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 8/24/17; There has not been any treatment or conservative therapy.; blurred vision, headaches, hypetension; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs < 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 < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 07/01/17; There has been treatment or ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; substernal chest pain and shortness of breath; There has not been any treatment or conservative therapy.; see notes attached to case.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason	1
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		1
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		1
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		1
General/Family Practice	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL		3

General/Family Practice	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	1
General/Family Practice	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.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; It is unknown if this study is	1
General/Family Practice	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.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	3
General/Family Practice	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.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is being	1

General/Family Practice	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 cardiac arrhythmias; This study is being requested for the initial evaluation	1
General/Family Practice	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 Pericardial Disease.;	1
General/Family Practice	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 Evaluation of Cardiac	1
General/Family Practice	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 Evaluation of Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; 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	1
General/Family Practice	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 Evaluation of Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is	1
General/Family Practice	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 Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or	3
General/Family Practice	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 Evaluation of Cardiac Murmur.; This request is for initial evaluation of a	6

General/Family Practice	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 Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a	1
General/Family Practice	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 Evaluation of Cardiac	1
General/Family Practice	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 Evaluation of Cardiac Valves.; This is an annual review of known valve	1
General/Family Practice	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 Evaluation of Cardiac	2
General/Family Practice	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 Evaluation of Cardiac	3
General/Family Practice	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 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,	1
General/Family Practice	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 Evaluation of Congenital	1
General/Family Practice	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 Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is	2

General/Family Practice	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 Evaluation of Heart Failure; There has been a change in clinical status since the last	1
General/Family Practice	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 Evaluation of Heart Failure;	3
General/Family Practice	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 Evaluation of Left Ventricular Function.; The patient does not have a history of a	3
General/Family Practice	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 Evaluation of Left Ventricular Function.; The patient has a history of a recent	1
General/Family Practice	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 Evaluation of Left Ventricular Function.; The patient has a history of hypertensive	2
General/Family Practice	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 Evaluation of Pulmonary ; This study is being ordered for something other than:	8
General/Family Practice	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;	
General/Family Practice	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	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	1
General/Family Practice	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	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	5

General/Family Practice	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	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	1
General/Family Practice	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	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	11
General/Family Practice	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening		1
General/Family Practice	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	< Enter answer here - or Type In Unknown If No Info Given. >; 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	2
General/Family Practice	Approval	G0297 Low dose CT scan (LDCT) 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	1
General/Family Practice	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.; Patients who have stopped	1

General/Family Practice	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	strong family hx of lung cancer. both parents.; 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.; 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.	1
General/Family Practice	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.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer.	2
General/Family Practice	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.	26
General/Family Practice	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.	2

General/Family Practice	Approval	S8037 mrcp	< Enter answer here - or Type In Unknown If No Info Given. >; 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.; It is not known if MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.; It is not known if patient is an infant or young child, and not an adult who is debilitated or uncooperative in such a manner that	1
General/Family Practice	Approval	S8037 mrcp	< 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	1
General/Family Practice	Approval	S8037 mrcp	; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
General/Family Practice	Approval	S8037 mrcp	Having sharp pain, low grade fever, nausea, started yesterday afternoon around 1 or 2PM; This is a request for MRCP.; There is no reason why the patient cannot	1
General/Family Practice	Approval	S8037 mrcp	Pt had an upper GI and didn't see anything and would rather do an MRCP; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	1
General/Family Practice	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.; It is not known if patient requires evaluation for a congenital defect of the pancreatic or biliary tract.;	1

General/Family Practice	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 does not require evaluation for a congenital defect of the pancreatic or biliary tract.; The	1
General/Family Practice	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 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	1
General/Family Practice	Disapproval	70336 MRI TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT	Radiology Services Denied Not Medically Necessary	This is a request for a temporomandibular joint MRI.	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. >	
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.; 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	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 is a request for a brain/head CT.; The study is being requested for evaluation of a headache.;	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 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	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 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	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 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,	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 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	13
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,	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 is a request for a brain/head CT.; This study is being requested for None of the above.; This	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 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	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 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.; MRI scanning is not locally	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 is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly	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 neurological disorder.; < 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	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 Inflammatory/ Infectious Disease.; 5/31/17; There has been treatment or conservative therapy.; cough,	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 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	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 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.;	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	< 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,	1

General/Family Practice	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.	5
General/Family Practice	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 sudden and severe.; The patient has dizziness.; The patient had a recent onset	1
General/Family Practice	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 sudden and severe.; The patient has vision changes.; The patient had a recent	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; 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	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a headache.; The patient has 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
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; 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 new onset of seizures or	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; 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.	6

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; 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.	2
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; 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 Syncope/Fainting; It is ; This is a request for a brain/head CT.; Thi study is being requested for Syncope/Fainting;	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Severe Claustrophobia is the reason an MRI is not ; 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 Syncope/Fainting;	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	There is another reason why an MRI is not being ; 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	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	hours ago.; Foreign metallic bodies such as metallic ; 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	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	hours ago.; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not ; This is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	identified change in seizure activity or pattern. ; This study is being ordered for a neurological disorder.; 07/06/2017; There has been treatment or conservative therapy.; PAIN WITH CHEWING P AIN IN	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	TEETH PHONOPHOBIA PHOTOPHOBIA TMJ PAIN WEAKNESS FATIGUE NAUSEA UPPER NECK PAIN INTO	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	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.; 04/2015; There has been treatment or conservative therapy.; headaches, congestion; saw a specialist, antibiotics and steroids	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 07/10/17; There has been treatment or conservative therapy.; neck stiffness	
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Benign paroxysmal vertigo, bilateral; 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.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	blurred vision; 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.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	C/o headaches/migraines long hx of migraine ha for over 20yrs. 	

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	CT is being ordered to evaluate near syncope episodes that started a little over a month ago. Patient is complaining of dizziness and severe headaches when these happen.; 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 Syncope/Fainting; It is unknown why an MRI is not being considered	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	DAILY RECURRENT HEADACHED FOR THE PAST 3 WEEKS; 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	dizziness for several days and 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.; 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.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	dizziness, light headed, sudden onset with vision changes and mental status change; 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.	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Dizziness. Concerned for CVA.; This study is being ordered for a neurological disorder.; Worsening symptoms over the last several months. Doctor is concerned for a CVA.; There has not been any Enter answer here - or Type In Unknown If No IMemory changes- He complains of short term memory loss and has had issues with witting down the something on paper at work then what he is thinking in his mind. He has had drooling from the left side of his mo; This is a request for a brain/head CT.; This study is being requested for Suspicion of a TIA (Transient	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Episode of syncope occurred approximately 2 weeks ago. There is no known history of seizures. The episode was witnessed by a parent. She describes a sensation of lightheadedness and the room moving before loss of consciousness. Patient estimates time ; 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 new onset of seizures or newly identified change in seizure activity or pattern. He also complains of almost daily intractable right-sided headaches. He states the headaches began behind his right eye and extend posteriorly; 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	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Head pain for months, dizziness and it's worsening; 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	Headache 24/7 x 1 month, meds not helping, panic attack, anxiety; 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	headache 3-4 times a week; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Headache with dizziness has had neck fusion with 10 screws; low back pain, to check for placement of previous surgeries; This study is 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.; Dizziness, headaches, complaints of constant pain in head and lower back; Has been to physical therapy x 6 weeks	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Headache x 4 months in frontal region. Sounds and bright light exacerbate pain. OTC 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 chronic or recurring.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	HEADACHES WITH BLURRY VISION AND BLACK SPOTS, SO INVOLUNTARY MOVEMENTS OF LEFT ARM, ACUTE; 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	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	History of Aneurysm; 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	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	HISTORY OF INTRACRAINIAL CYST.; 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. Light headed, Dizziness, uneasy, instability. Severe anxiety, feel MRI would exacerbate this.; 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 Vertigo; It is unknown why an MRI is not being considered	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	medication not helping; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/6/2017; There has been treatment or conservative therapy.; left facial pain; injection, 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	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Mrs. HARNESS presents with classic migraine. Mrs. HARNESS was diagnosed with migraine headaches several years ago. Typical migraine frequency is roughly every month. The current headache began approximately four days ago. The location is primarily beh; 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. 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.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	New acute onset of lightheadedness with lower peripheral edema. Pt is also anemic.; 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 Vertigo; It is unknown why an MRI is not being considered	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	NEW ONSET HEADACHE NOT RESPONDING TO MEDICATION; 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	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	New onset of severe ha; 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	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	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.; 06/05/2017; There has been treatment or conservative	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	pan when rolling more on left than right; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/18/2017; There has been treatment or conservative therapy.; Patient fell and now has a head injury.; 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 patient had confusion; 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 Patient has altered mental status with memory loss onset two weeks worsening,; 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	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient has been having blackouts, vomiting and headaches.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; Patient has been having headaches more frequently. 4 in the last 6 weeks. Whole head hurts during headaches.; This is a request for a brain/head CT.;	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient has been having temoporal HA three days in duration and his pupils do not constrict with light; would like for him to be evaluated with CT.; 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 PATIENT HAS CHRONIC HEADACHES; 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 patient has floaters in visual fields, weakness and dizziness since waking this am; 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 patient has history of CA and cannot have MRI due to nerve stimulator 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	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient is a professional boxer. Needs a ct scan before the upcoming match.; 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

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient is having moderate to severe consistent headaches without relief from pain medications. Patient will wake up from sleep with headaches. Patient is also having extreme high blood pressure.; 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 Patient is having new onset of DAILY headaches; 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 Patient is having worsening headaches with dizziness; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The Patient is hypertensive, and has been experiencing persistant headaches.; 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, patient keeps passing out and falling; 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 Patient showing possible signs of previous stroke with left sided facial numbness and weakness. Needs to have brain CT to show if any possible clots or signs of previous damage that could show previous stroke or other possible diagnosis to explain sympto; 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.;	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	patient state headaches are constant and severe. not relieved by meds; This is a request for a brain/head CT.; The study is being requested for evaluation of a 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 is a request for a brain/head CT.;	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	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 Patient suffers from recurring headaches that cause dizziness, loss of consciousness, confusion and vision disturbances.; This is a request for a brain/head CT.;	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	The study is being requested for evaluation of a Patient was kicked in face by horse in 2016 and suffered Malar fracture and maxilla bone. Patient has had headaches not controlled by pain medication since.; This is a request for a brain/head CT.;	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	patient with chronic headache for over a month. requesting imaging to help determine cause of headache.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.;	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	The headache is described as chronic or recurring. Patient with chronic headaches. Has taken Maxalt from 12/25/2016-12/23/2016.; This is a request for a brain/head CT.;	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	The study is being requested for evaluation of a headache.;	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	The headache is described patient with intermittent double vision; This is a request for a brain/head CT.;	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Thi study is being requested for None of the above.;	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	This procedure is being requested for other indications	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	pt can't take nsaid or ibuprofen due to her elevated enzymes and she has been unable to her ADL's effectively without being in pain. her injury started in july and has gotten worse by the day.; This study is being ordered for trauma or injury.; july 4, 2017; There has been treatment or conservative therapy.; pt has been havinf major h/a's to the left side of her head without relief even with pain medications. Pt can not take any type of nsaid due to her elevate liver enzymes. she has been having pain in her neck and that pain has been radiating.; pt was taking pain medication for her pain and discomfort as well and a muscle relaxer, but she could not take any type of nsaid due to her elevated liver enzymes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Pt experiencing memory loss; 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	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	pt has history of TIA, headaches are worse and bp is staying very elevated. has drooping feeling to left side of face with tingling sensation. pt claustrophobic unable to due mri; 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.; Severe Claustrophobia is the reason an MRI is not being considered	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt having amenorrhea, does c/o h/a, prolactin level elevated at 33.9; 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
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt is having problems sleeping, memory loss.; 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	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt is having severe migraines with dizziness, vision changes, memory loss; 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.;	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt states last week she raised up and hit back of neck/head on wooden cabinet door, now c/o persistent headaches and Nausea and vomiting.	

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt was in serious car accident in the past and resulted in numbness, weakness and pain of his left leg. Also beginning to happen to left arm. Need Ct Scan of Brain to look for explanation.; This is a request for a brain/head CT.; The study is being requested for	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt. continues to have vision problems and headaches. Pt. states sometimes she has double vision and all the color turns gray. Patient complains of severe head pain has been going on for a long time thinks it is her sinus and her right eye gets blurry some; 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	R/O mass; This is a request for a brain/head CT.; There is not a suspected or known brain tumor.; The patient currently does not have cancer.; This is not a evaluation for a bone tumor or abnormality of the	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	reacurrent chronic sinusitis; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	recurring 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.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Ruling out neurological deficite and/or sinusitis.; This study is 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 months ago; There has been treatment or conservative therapy.; headache; Nortriptyline, propranolol, sumatriptan	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	sharp headaches; 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.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Syncopal; 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.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Tenderness noted in the bilateral fronto- parietal scalp; bilat suprasp mm; 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	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	The patient has complaints of chronic vertigo and worsening vision disturbances since April of 2017. Several medication changes have been tried and were unsuccessful.; 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 Vertigo; Imaging is needed and availability of MRI would delay treatment is the reason an MRI is not being considered	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	type of headaches not characteristic of past headaches patient has experienced. patient states she feels pressure in head.; 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.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	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.	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Unknown; 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	unknown; 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 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.; 01/20/2017; There has been treatment or conservative therapy.; chronic pain head radiating	1
General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	though lumbar back, with sciatica bi-lateral; medicine, PT, exercises;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1

General/Family Practice	Disapproval	70450 CT BRAIN, HEAD	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.; Migraine HA, Cervicalgia, DDD	1
General/Family Practice	Disapproval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	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 YR AGO; There has not been any treatment or conservative therapy.; Pt has decreased hearing, ringing in ears, ear aches, imbalance.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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 head injury along with face trauma.	1
General/Family Practice	Disapproval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	Radiology Services Denied Not Medically Necessary	Patient has headache and dizziness along with facial swelling; This study is being ordered for trauma or injury.; 7-11-17; There has not been any treatment or conservative therapy.; Headache, broken nose, swollen	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	< 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	1

General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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 unknown.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	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 >; 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 >;	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious 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	2

General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; 3/3/2017; There has been treatment or conservative therapy.; HEADACHE, RHINITIS , PAIN IN THE FACE.	
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; 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	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO 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.; 04/2015; There has been treatment or conservative therapy.; headaches, congestion; saw a specialist, antibiotics and steroids	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No 	

General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	frequent cough and 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 (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	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	MD wants to find out why patient is having sinusitis and bronchitis. Patient has steroids & anti-biotics; 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	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	patient first seen 3/16 with sinus problems, has been seen 3 times total for this problem along with a severe headache daily like he has not had before. CT head was negative and still has complaints.; 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	1

General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has chronic sinusitis causing discomfort and facial pain. This episode has lasted one month with congestion and runny nose.; 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	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	patient has sinuse pressure. Continues on allergy medication--cetirizine, flonase and singulair. She is having paranasal sinus pressure.; 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 Patient reports that she has persistent sinus pressure and at times drainage. She is currently not having any significant symptoms no fever or other signs and symptoms of infection. She reports that she's had previous sinus surgery done to alleviate conge; "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 Pt has sinusitis; to determine treatment plan; 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	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	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 Pt has sinusitis; to determine treatment plan; 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	2
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute	1

General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Ruling out neurological deficite and/or sinusitis.; This study is 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 months ago; There has been treatment or conservative therapy.; headache; Nortriptyline, propranolol, sumatriptan	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	shortness of breath unable to take deep breaths, on CPAP; 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.; The patient has a long history of sinus problems and dizziness. He recently began to experience vision changes and hot flashes.; 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.;	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Diagnositic CT	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	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	1
General/Family Practice	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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 Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1

General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	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.; For abdomen & neck - 2 weeks ago; There has been treatment or conservative therapy.; The pt has abdominal pain periumbilical location, enlarged lymph node (neck), epigastric umbilical hernia.; Medication	1
General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	choking; 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	1

General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	<p>medication not helping; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/6/2017; There has been treatment or conservative therapy.; left facial pain; injection, 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</p>	1
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General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	<p>pt can't take nsaid or ibuprofen due to her elevated enzymes and she has been unable to her ADL's effectively without being in pain. her injury started in july and has gotten worse by the day.; This study is being ordered for trauma or injury.; july 4, 2017; There has been treatment or conservative therapy.; pt has been havinf major h/a's to the left side of her head without relief even with pain medications. Pt can not take any type of nsaid due to her elevate liver enzymes. she has been having pain in her neck and that pain has been radiating.; pt was taking pain medication for her pain and discomfort as well and a muscle relaxer, but she could not take any type of nsaid due to her elevated liver enzymes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
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				pt has taken antibiotics to see if it helped the knot on neck, rtc after a week, mass to neck still there; 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.;	
General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	Pt states last week she raised up and hit back of neck/head on wooden cabinet door, now c/o persistent headaches and Nausea and vomiting.;	
				This is a request for neck soft tissue CT.; There has not been recent trauma or other injury to the neck.;	
General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	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 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.;	1
General/Family Practice	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; It is not known if there has been ; This study is being ordered for Inflammatory/ Infectious Disease.; 3/3/2017; There has been treatment or conservative therapy.;	1
General/Family Practice	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	RHINITIS , PAIN IN THE FACE.	
General/Family Practice	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.	2
General/Family Practice	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.;	
General/Family Practice	Disapproval	TRAST	Medically Necessary	There has been treatment or conservative therapy.;	1

General/Family Practice	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	Dizziness. Concerned for CVA.; This study is being ordered for a neurological disorder.; Worsening symptoms over the last several months. Doctor is concerned for a CVA.; There has not been any treatment or conservative therapy.; Worsening dizziness, concerned for CVA.	1
General/Family Practice	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	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.; 06/05/2017; There has been treatment or conservative therapy.; dizziness lumbar disc disease; Meds	1
General/Family Practice	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	pan when rolling more on left than right; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/18/2017; There has been treatment or conservative therapy.; dizziness, more when laying or sitting, worse with quick movement,; medication	1
General/Family Practice	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	1
General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary		3

General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; "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
General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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.; There is not a history of orbit or face trauma or injury.	1
General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	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 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	3

				< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; about a week ago; There has not been any treatment or conservative therapy.; trembling, weakness in arms and hands, pressure/pain in the 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	
General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	; "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 ; This study is being ordered for a neurological disorder.; One month ago; There has not been any treatment or conservative therapy.; Visual disturbance;	1
General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	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.; The ordering MDs specialty is NOT	1

General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	ABNORMAL MRI IN THE PAST; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; several years ago; There has been treatment or conservative therapy.; NECK AND BACK PAIN; patient has been doing neck exercises and been taking 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 chronic Hx of headaches/neck pain, said it was worst headache she ever had, decreased rom to C spine with tenderness, pain with twisting 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.; 08/10/2017;	1
General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; headache, neck pain; medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, neck pain.; "This is a request for orbit,face, or neck soft tissue MRI.239.8"; The reason for the study is not for	1
General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	trauma, infection,cancer, mass, tumor, pre or post-	1
General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	pt had CT done in ER and MD from ER suggested CT of neck and pt has vertigo and loss of balance numbness and dizziness.; "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

General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	pt has been hit in face over past year with softball or baseball about 7 times. now having nose pain and difficulty breathing with exercise.; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; pain in nose,	2
General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	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.; Abnormal eye exam per local oph. Recent exam per specialist and has suspicious findings for Choroidal Osteoma and requests additional imaging; There has not been any treatment or conservative therapy.; unknown	1
General/Family Practice	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	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.; three months ago; There has not been any treatment or conservative therapy.; chronic pain, neck stiffness	1
General/Family Practice	Disapproval	70544 Mr angiography head w/o dye	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.; 7/12/2017; There has not been any treatment or conservative therapy.; sudden onset of severe headache	1

General/Family Practice	Disapproval	70544 Mr angiography head w/o dye	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.; at least since 2005; There has been treatment or conservative therapy.; severe headache that penetrates ears and hearings; antibiotics,; will fax	1
General/Family Practice	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease. ; It is not known if there has been any treatment or conservative therapy.; blacking out	
General/Family Practice	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	Chronic persistent headaches; This study is being ordered for a neurological disorder.; 8/2017; There has been treatment or conservative therapy.; Headaches after exposure of cold water	

General/Family Practice	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	<p>patient has had at least 3 episodes of going blind in her eyes and almost blacking out for about 30 seconds at a time. Says she cannot see for several seconds after this happens and has happened while she was driving also. Dr Noel needs further eval to see; This study is being ordered for a neurological disorder.; 08/28/2017 Patient has been having darkness in eyes Dr. Noel finds this very concerning needs further evaluations to see why.; There has been treatment or conservative therapy.; Darkening and blindness in her eyes; Patient has been placed on Contrave Tablets to see if this will help and also will be having dopplers in neck done to see if this could be the cause; 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</p> <p>pt c/o dizziness and headache. also having some possible tia symptoms; This study is being ordered for a neurological disorder.; pt was seen on 7/25/17 c/o severe dizziness and headache; It is not known if there has been any treatment or conservative therapy.;</p>	1
General/Family Practice	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	<p>dizziness and headache</p> <p>pt is post cva; This study is being ordered for Vascular Disease.; november 2016; It is not known if there has been any treatment or conservative therapy.;</p>	1
General/Family Practice	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	<p>numbness and weakness in left upper and lower extremity</p>	1

General/Family Practice	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 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.	1
General/Family Practice	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	3
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
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; 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	< 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 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
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.; 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	2
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.; 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.; It is not known if there is 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

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.; The patient has a chronic or recurring headache.	3
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.; The patient has a sudden and severe headache.; The	1
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 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.	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; 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.</p>	1
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General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>&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</p>	1
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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 study is being ordered for Inflammatory/ Infectious 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 >;	1
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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/12/2017; There has not been any treatment or conservative therapy.; sudden onset of severe headache	1
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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; at least since 2005; There has been treatment or conservative therapy.; severe headache that penetrates ears and hearings; antibiotics,; will fax < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; ; PT	1
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 study is being ordered for Vascular Disease.; ; It is not known if there has been any	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	. Sharp frontal headache x 2 weeks. Pt had a CT scan of head w/o contrast & it recommended further evaluation from an MRI.; This request is for a Brain MRI; The study is being requested for evaluation of a	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM 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. ; 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.;	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or	2
General/Family Practice	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 not presenting with a sudden change in severity, associated with exertion, or a mental status change.;	2
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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).	2

General/Family Practice	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 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)	1
General/Family Practice	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 a chronic or recurring headache.	5
General/Family Practice	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 a sudden and severe headache.; It is unknown if 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	; 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
General/Family Practice	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 vision changes.; 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	; 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.	1
General/Family Practice	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.; 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 is experiencing dizziness.	1

General/Family Practice	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.; 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.	1
General/Family Practice	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.; 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
General/Family Practice	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 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	; 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	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; One month ago; There has not been any treatment or conservative therapy.; 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 ; This study is 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
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	January 27, 2017; There has been treatment or conservative therapy.; She states that lower back pain and anxiety pre dated that but both are worse since	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM 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.; pt has fabry's disease and genetic doctor was wanting test for further evaluation; It is not known if there has been any treatment or conservative therapy.;	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 06/20/2017; There has been treatment or conservative therapy.; weakness and h/a; Steroids	
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.;	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	49 year old female with several month history of persistent headaches.; This request is for a Brain MRI; The study is being requested for evaluation of a	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	blurred vision; This study is being ordered for a neurological disorder.; 4/12/2017; There has been treatment or conservative therapy.; neck pain, headache,; PT, motrin, Excedrin, Imitrex CEREBRAL CYST AND SEVERE HEADACHES; This request	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache. Consistent headaches, dizziness, and syncope, medications did not work; 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 Dizziness-Underweight-Essential hypertension; 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	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	facial numbness, head fill foggy,; 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
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	for f/u on past arachnoid cyst and evaluate optic chiasma for mass effect.; 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	HEADACHE ALL THE TIME, STRAINING WORSENS, SPARKLES TO VISION; 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	headaches reoccurs; 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	Headaches, father has history of brain cancer.; 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
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	hx of aneurysm x2 of the head	

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	HYPNIC 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 increasing in intensity, dizziness, NSAIDS no help; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Location: right lower leg, Duration: onset 07-25-2017 approx 10 pm, Symptom(s) Began: "I was sitting on bulldozer ,arc from battery ignited can of either blew up and burned my right lower leg", Symptom(s) progressed: not improving, blurred vision at times; 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	Memory loss.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has a chronic or recurring headache. Memory loss; 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	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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/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. migraine and confusion. She states that her headache is better today but is not gone yet and the confusion is better although she is having trouble concentrating. She is complaining of shaking on her left side. Some in her right arm but mostly her left ar; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has a sudden	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Migraine headache: Patient is supposed to take amitriptyline for migraine prophylaxis, but she hasn't been taking it. She is still taking Imitrex for acute migraines, and that has been helping a lot. Patient states she is going to restart taking amitripty; 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	None; 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	None; 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.	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>patient had a normal head ct in may and is still having headaches, patient has a history of lumbar pain , hx of mri may 2016, symptoms are radiating down her lower back into her hips and legs; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/17/17; There has been treatment or conservative therapy.; chronic back pain, L/S Radiculopathy, severe headaches; tramadol and tylenol 3 have both been tried; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>patient has altered gait visual changes upper and lower extremity numbness severe head ache 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.</p>	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>patient has had at least 3 episodes of going blind in her eyes and almost blacking out for about 30 seconds at a time. Says she cannot see for several seconds after this happens and has happened while she was driving also. Dr Noel needs further eval to see; This study is being ordered for a neurological disorder.; 08/28/2017</p> <p>Patient has been having darkness in eyes Dr. Noel finds this very concerning needs further evaluations to see why.; There has been treatment or conservative therapy.; Darkening and blindness in her eyes; Patient has been placed on Contraceptive Pills to see if this will help and also will be having dopplers in neck done to see if this could be the cause; 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</p>	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient is having frequent recurrent headaches 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.</p>	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is having issues with memory loss. Patient has history of CVA.; 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.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient presented to clinic with c/o dizziness, lightheadedness, and memory loss. She did not remember her drive from her location to our clinic. We sent her to ER for eval where she had an abnormal head CT and recommended Neurology evaluation. Patient ne; 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.	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient presents with complaints of change in hearing on the right side for over a week. She has had some nausea, photophobia and tension in her neck, near syncope, dizziness, and teeth pain. Pain is only on the right side, throbbing and pulsating with a ; 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).</p> <p>PITUATARY 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, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing provider wishes to rule out chiari malformation. patient also with Degenerative disc disease of cervical and lumbar spine, rule out thoracic spine DDD.; This study is 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 date of initial onset; There has been treatment or conservative therapy.; mid back pain that</p>	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>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 provider wishes to rule out chiari malformation. patient also with Degenerative disc disease of cervical and lumbar spine, rule out thoracic spine DDD.; This study is 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 date of initial onset; There has been treatment or conservative therapy.; mid back pain that</p>	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>treatment or conservative therapy.; mid back pain that</p>	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt c/o dizziness and headache. also having some possible tia symptoms; This study is being ordered for a neurological disorder.; pt was seen on 7/25/17 c/o severe dizziness and headache; It is not known if there has been any treatment or conservative therapy.; dizziness and headache Pt fell down steps, went to the ER, blacked out, hypertension, episodes of vision changes that comes and goes, no slurred speech, no 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;	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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,	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt had episode of full syncope episode with loss of consciousness, r/o seizures; 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

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt has daily headaches, pt is trying different meds that are not helping. blurred vision, nauseated and vomiting; 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	Pt has had a chronic recurring for the past 3 weeks; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has had ongoing, increasing problems with cognitive dysfunction exhibiting signs for early onset of Alzheimer's; 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.	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has had reoccurring headaches first visit was 5/3/17 described throbbing and knife like pain and nausea. seen again on 8/9/17 still having them. PT called 8/30/17 stating she is still having HA with vertigo. OTC not helping; 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
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt has report of headache that is not improved with medication.; 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.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has severe, chronic and recurring headaches; increasing in severity, now unilateral; r/o tumor; 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	pt having change in mental status; 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
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt is following up on an ER visit from DeQueen Medical Center yesterday. Pt states that when she woke up yesterday morning, half of her face felt numb and swollen. DQMC told her it was probably a panic attack. Pt's daughter thinks that the episode may hav; 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. pt is post cva; This study is being ordered for Vascular Disease.; november 2016; It is not known if there has been any treatment or conservative therapy.;	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	numbness and weakness in left upper and lower extremity	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	recent vision changes; 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.;	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient is experiencing hearing loss.	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	recurring headaches for a couple of years; 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 sleep disturbances, and mental and behavior disturbances; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The Sudden new onset Migraine Headache with nausea, photophobia. Patient also states dizziness is associated with headaches.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has vision changes.; The patient has a sudden and severe headache.; The patient had a recent symptoms are not relieved by 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.	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient states that this began 3-4 months. The patient states that the headache is dull, sharp, nonradiating, located in the frontal region. He states that he does not have nighttime awakening but does have early morning awakening with a headache. Th;	1
General/Family Practice	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 not presenting with a sudden change in severity, associated with exertion, or a mental status change.;	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There are recent neurological symptoms or deficits	1

General/Family Practice	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.	7
General/Family Practice	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 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	1
General/Family Practice	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 sudden and severe.; There recent neurological deficits on exam such as one sided	4
General/Family Practice	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.; 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	1
General/Family Practice	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 due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness,	1

General/Family Practice	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 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 Traumatic brain injury age 6, VP shunt placed. Has not seen neuro since 1993. MRI brain ordered for chronic headaches.; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The tried over the counter and prescription meds with no relief; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient Trouble with dizziness for over a month, getting worse, has fallen several times. Currently using a cane to prevent more falls.; 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	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.; 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	Unknown; 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	2
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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; It is not known if the patient had	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; 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	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	vision changes behavioral changes severe headaches; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient	1
General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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	1

General/Family Practice	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary Radiology Services	X-ray of the cervical, thoracic, and lumbar spine have been performed, and the results showed mild degenerative disc 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.; July 21,2017; There has been treatment or conservative therapy.; Patient has been having back pain and new onset daily persistent headache.; Patient has had medication treatment.; One of the studies being ordered is NOT a Breast MRI, CT	1
General/Family Practice	Disapproval	70554 Functional MRI Brain	Radiology Services Denied Not Medically Necessary	NEUROLOGY REQUESTED, PROBLEMS WITH BALANCE; Yes, this is a Functional MRI Brain.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	"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 < Enter answer here - or Type In Unknown If No Info Given. >; "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 < Enter answer here - or Type In Unknown If No Info Given. >; "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	2
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	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 < Enter answer here - or Type In Unknown If No Info Given. >; "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	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	days."; A Chest/Thorax CT is being ordered.; This study	4
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< 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	5

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< 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 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	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	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 physician is not a hematologist/ oncologist.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	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.; 7-6-17; There has been treatment or conservative therapy.; aphasia , mental status change, weight loss, abnormal mammogram, foot drop; antibiotics	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; March 2017; There has not been any treatment or conservative therapy.; fever, soft tissue 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	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	<p>&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;; &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</p> <p>&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</p> <p>&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.; 8/28/17; There has not been any treatment or conservative therapy.; pelvic pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The</p>	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	<p>&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</p> <p>&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.; 8/28/17; There has not been any treatment or conservative therapy.; pelvic pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The</p>	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	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.; 8/7/17; There has been treatment or conservative therapy.; short of breath; steroids, antibiotics, inhaler; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 7/7/17; There has not been any treatment or conservative therapy.; pain, close head injury, multiple ; "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 ; 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
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	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	3
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; 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	2
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; 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	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; 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	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	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.; has had pain and diarrhea since 5/31/16 off and on. initial visit. weight 188. seen 11/30/16 and was down to 168 lbs. had the same symptoms then also.	
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	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	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Abnormal Chest X Ray- Enlarged Heart and Mediastinum with occasional Shortness of Breath; 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
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	abnormal chest 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	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	abnormal chest xray; nicotine dependence; follow up on her pneumonia; 40+ years smoking; expiratory wheezes on left and right; chest xray showed infiltrates improved but has calcifications; 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	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	chest pain, coughing and losing weight; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Chronic Cough , tobacco abuse; 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 CHRONIC COUGH, LONG TERM SMOKER; 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	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	continuing weight loss. She is not dieting, not trying to lose weight. She thinks she is eating the same. She says her energy is good, no fatigue or night sweats, has a regular pap; normal stools, no cough or shortness of breath, no abdominal pain, ; 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

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	cough x 6 months.; 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	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Diagnosed w/ kidney cancer last year. Needs MRI for follow-up to see if tumor has shrunk any.; 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 physician is not a hematologist/ oncologist. Family history of lung nodules and disease. Patient having shortness of breath.; 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	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	fatigue, boney tenderness; 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
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Fever, cough, sweats, SOB, getting worse; "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
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Fluid on lung, short of breath.; 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

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	follow up to aneurysm repair; 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
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	History of medicstinal lipoma with chest pain atypical; 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
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	It is not known if there is radiologic evidence of non-resolving pneumonia.; It is not known if there is 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."; "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.; It is not known if there is 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	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	It is not known if there is 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	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	It is not known if there is 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	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Left sided CWP persists. Occurs daily but is not 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	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Lung cancer screening; 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	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	lung cancer 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 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.; 8/31/2017; There has not been any treatment or conservative therapy.; Pain, abnormal lab results, elevated PSA.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Patient fell off a raft on Saturday. Has left sided rib pain with pain associated with breathing in and out.	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Cough x 6-7 weeks unrelated to incident.; This study is being ordered for trauma or injury.; 07/01/2017; There has not been any treatment or conservative therapy.; Patient had ct of chest 1 year ago and is due for a follow up ct of chest.patient is also having shortness of breath.; "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	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient has failed all treatments given with little improvements.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11/02/2016; There has been treatment or conservative therapy.; Cough, chronic maxillary sinusitis, moderate facial pain, congestion, ear pain, headaches, hoarseness, sinus pressure, nasal congestion, post nasal drip, rhinorrhea and wheezing.; 11/02/2016-Zpak and prednisone 20mg. slight improvement. 	
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient has had abdominal pain and chest pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	PATIENT HAS HAD ABNORMAL WEIGHTLOSS SINCE 5/18/2017. CHEST XRAY DONE ON 7/10/2017 UNREMARKABLE; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PERSISTANT COUGH AND ABNORMAL WEIGHT LOSS.SHORTNESS OF BREATH; There has been treatment or conservative therapy.; SHORTNESS OF BREATH. ABNORMAL WEIGHT LOSS. PERSISTANT COUGH; UNKNOWN patient has history of abnormal CT chest.; 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
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient needs to have CT to recheck grafts.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1996; There has been treatment or conservative therapy.; Patient needs CT to recheck grafts.; Patient had undergone numerous surgeries to repair the aneurysm in 2011 and in 2015 to have stent placements.; One of the studies being ordered is NOT a Breast MRI, CT	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient with persistent cough, abnormal chest x-ray showing prominent hila. Patient experiencing edema, abnormal weight gain and has elevated CRP level.; 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
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Please schedule at Unity Health due to weight loss, COPD, wheezing.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; It is unknown if 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

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Pneumonia; 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	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	previous abnormal chest x-ray with finds of right hilar nodes and calcified granuloma in the right upper lobe. Patient has diagnosis of known COPD. Has shortness of breath.; 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

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	<p>Pt continues to have some LUQ, L lower rib pain. This was initially present after she ran into a broom handle 18+ months ago, then improved. But, for the last 6 weeks, she had had worsening pain. Pain is tender to touch. Chiropractor has helped some, 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.; Pt continues to have some LUQ, L lower rib pain. This was initially present after she ran into a broom handle 18+ months ago, then improved. But, for the last 6 weeks, she had had worsening pain. Pain is tender to touch. Chiropractor has helped some, but ; There has been treatment or conservative therapy.; Pt continues to have some LUQ, L lower rib pain. This was initially present after she ran into a broom handle 18+ months ago, then improved. But, for the last 6 weeks, she had had worsening pain. Pain is tender to touch. Chiropractor has helped some, but ; Chiropractor has helped some, but has not resolved. She initially thought pain was in rib because it started in front under L breast and radiated around to her back and rib was ttp</p>	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	<p>Pt has CA.; 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</p>	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Pt was coughing up blood 2 weeks ago, been smoking for 35 years. Shortness of breath at night.; 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 Pt with COPD, abnormal spirometry, abnormal CXR; 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 R/O liver 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.; 08/15/2017; There has	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	unexplained cough, coughing up blood, unexplained R/O liver 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.; 08/15/2017; There has	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/15/2017; There has	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	r10.9 ribs appear thin and frail to anterior side on crx in office. pt is a chronic smoker and is having chronic coughing and SOB.; 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	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	The patient has NOT had a Low Dose CT for Lung	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	SHORTNESS OF BREATH	

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	small non-calcified bibasilar pulmonary nodules were noted on CT abd 5/5/2017. She is a smoker. Radiologist recommended repeat CT. She smokes 1 ppd.; 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.; There is no radiologic evidence of mediastinal widening.; It is not known if there is physical or radiologic evidence of a chest wall abnormality.;	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	unknown; The ordering physician a is NOT a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; Patient has a Thoracic spine fracture.; The ordering physician a is NOT a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; Patient has had persistent chest pain after trauma to the chest. Tender to the touch; The ordering physician a is NOT a Surgeon, Pulmonologist, or Cardiologist.; 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	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of mediastinal widening.; There is 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	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	<p>There is no radiologic evidence of non-resolving pneumonia.; It is not known if there is radiologic evidence of asbestosis.; pt came in complaining of decreased energy and always having a cough that is interfering with her work. pt has been diagnosed with copd in the past via chest xray. pt is always short of breath and complains of chest feeling "raw".; "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.;" It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is 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</p>	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	<p>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</p>	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; patient has chronic cough greater than one year and had lived in a home where black mold was found. She has frequent respiratory infections and productive cough her cxr was normal.; "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	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; pt with chronic bronchitis, worsening cough, current smoker; "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	1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; pt. has COPD and has been short of breath and cough.; "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 patient had a chest xray on 8/22/17 and some abdnormal findings are noted by the radiologist and a ct was requested by them; "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 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 Unknown; 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 will fax clinical; 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	1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	worsening 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.; 12/2016; There has not < 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 ; 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	1
General/Family Practice	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	shortness of breath and Dyspnea; 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
General/Family Practice	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	to evaluate ongoing symptoms and to rule out thoracic aneurysm.; 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.	1
General/Family Practice	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	unknown; 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.	1

General/Family Practice	Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	; 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.	1
General/Family Practice	Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	Muscle strain,	
General/Family Practice	Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	This is a request for a chest MRI.	1
General/Family Practice	Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	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.	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; severe back pain; medications, therapy, 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	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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	; This study is being ordered for a neurological disorder.; 07/06/2017; There has been treatment or conservative therapy.; PAIN WITH CHEWING PAIN IN TEETH PHONOPHOBIA PHOTOPHOBIA TMJ PAIN WEAKNESS FATIGUE NAUSEA UPPER NECK PAIN INTO	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 trauma or injury.; ; There has been treatment or conservative therapy.; neck pain and right lower leg 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	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 trauma or injury.; 07/10/17; There has been treatment or conservative therapy.; neck stiffness	
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 08/01/2017; There has been treatment or conservative therapy.; Pt is having chronic pain,abdominal and pelvic pain, sharp shooting continued, pain has not been relieved with meds. Nauseated. pt having neck pain with neuropathy. medication and therapy has not changed condition. worsen the last 2 months; Pain medication, NSAids, Physical therapy, 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	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; 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	3
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; 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	40 year old female with worsening neck pain. Plain films find loss of the normal lordotic curvature of the cervical spine unchanged. Mild narrowing of the C3-4 through C6-7 disk spaces consistent with mild disk disease. No compression fracture of spondylo; 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
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Fall with concussion two months ago that she is now having dizziness with when moving head up and down.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; Call does not know if MD requests CT of neck to be done now, due to pain radiating into shoulders with muscle weakness; 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
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Neck and shoulder stiff some double vision tingling in left arm ,after a fall he had; 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
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	neck and shoulder tender, palpitations, limited range of motion, abnormal x-ray; 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

General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	parotid nodule; 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 suspected tumor with or without metastasis.; There is no evidence of tumor or metastasis on a bone scan or x-ray.; 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	patient has ddd c-spine; 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.; 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.	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	patient has had a cervical MRI, we need CT scan to rule out fracture.; 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
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	patient has history of CA and cannot have MRI due to nerve stimulator 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 physician is not a hematologist/ oncologist.	1

General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	patient was involved in motor vehicle accident; 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
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	pt has a c6 & c7 fracture.; 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	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has history of traumatic spine injury.; 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
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	suspected tumor, severe pain; 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	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	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	2
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; 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	1
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	X-Ray results are: Pain, no trauma. The bones are demineralized. Vertebral body heights are normal. There is retrolisthesis of 	
General/Family Practice	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	x-ray show loss of lordosis on c-spine; This study is being ordered for trauma or injury.; 2 weeks ago after rollin over on a 4 wheeler; There has been treatment or conservative therapy.; pain in neck with tingling in right hand and arm, back pain with some numbness	1

				< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; severe back pain; medications, therapy, 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 ; 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 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 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.; 8 years ago; There has been treatment or	
General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	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.; ; There has not 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	1

				< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; severe back pain; medications, therapy, 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 ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	
General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	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.; ; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; neck pain and right lower leg 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	1
General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	Headache with dizziness has had neck fusion with 10 screws; low back pain, to check for placement of previous surgeries; This study is 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	1
General/Family Practice	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-	1
General/Family Practice	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 not a preoperative or recent postoperative evaluation.; This study is not part of a myelogram or discogram.; The patient is experiencing	1

General/Family Practice	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 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	9
General/Family Practice	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 not a preoperative or recent postoperative evaluation.; This study is to be part of a	1
General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	5
General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	disease.; 8 years ago; There has been treatment or x-ray show loss of lordosis on c-spine; This study is being ordered for trauma or injury.; 2 weeks ago after	1
General/Family Practice	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	rollin over on a 4 wheeler; There has been treatment or conservative therapy.; pain in neck with tingling in right hand and arm, back pain with some numbness	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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.; 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	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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.; It is not known if the patient has new	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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	2
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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.; decrease sensation, numbness and tingling; It is not known if the patient	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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 shoulders when reaching over head and sitting for extended periods of time.; The patient does not have new signs	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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 upper extremities weakness numbness and tingling in arms; The patient does not	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; 5/26/2017; 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 < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 6/20/2016; There has been treatment or conservative therapy.; pain in side of neck < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious 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 < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 07/13/2017; There has been treatment or conservative therapy.; back < 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 >; It is not known if < 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.; 11/20/2016; There has been treatment or	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; 6/20/2016; There has been treatment or conservative therapy.; pain in side of neck < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious 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 < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 07/13/2017; There has been treatment or conservative therapy.; back < 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 >; It is not known if < 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.; 11/20/2016; There has been treatment or	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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 >; It is not known if < 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.; 11/20/2016; There has been treatment or	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; 11/20/2016; There has been treatment or	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; 3 years ago; There has been treatment or conservative therapy.; pain, numbness, limited range of motion; medication, injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, < 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.; 3 years ago; There has been treatment or conservative therapy.; pain, numbness, limited range of motion; medication, injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy,	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; 6/2017; There has been treatment or < 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.; 6/28/2017; There has been treatment or conservative therapy.; pain,; pain specialist; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted < 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.; 6/28/2017; There has been treatment or conservative therapy.; pain,; pain specialist; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; July 12; There has not been any treatment or	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; UNKNOWN; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; OVER < 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 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	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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 >;	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; ; There has been treatment or conservative	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 07/01/2017; There has not been any treatment	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 08/09/2017; There has been treatment or conservative therapy.; neck and back pain; 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 < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2015; There has been treatment or conservative therapy.; CHRONIC PAIN, NUMBNESS; NSAIDS, SUPERVISED HOME EXER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2mo; There has been treatment or conservative	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 5/25/17; There has been treatment or < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 8*/2/17; There has been treatment or conservative therapy.; pain, decreased range of motion, weakness ,numbness; medication, 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	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Given. >; This study is being ordered for trauma or injury.; Unknown.; It is not known if there has been any treatment or conservative therapy.; < Describe	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; unknown; There has been treatment or	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE 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
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 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
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 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	3
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 have new or changing neurologic signs or symptoms.; There is weakness.; NECK/THYROID: C5 area tapping causes shooting pains into the forearm, C6 tapping and light pressure causes shooting electric pains down the radial forearm into the thumb, C5/6 weakness in the biceps and brachioradialis most pronounced in external rotation; 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	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 have new or changing neurologic signs or symptoms.; There is weakness.; pain down arms has hard time gripping things hurts to lift arms 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.	1
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 have new or changing neurologic signs or symptoms.; There is weakness.; patient has tingling in left shoulder and neck, left arm weakness making her to drop 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.	1
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 have new or changing neurologic signs or symptoms.; There is weakness.; The cervical spine extension was abnormal, rotation was abnormal, lateral flexion to the left was abnormal, and lateral flexion to the right was abnormal.; 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.	1
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	1

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 than 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 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.;	1
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.;	1
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.;	3
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; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam-Slightly decreased grip strength on the left; The patient does not have new signs or	1
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; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; right sided 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.	1

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 weakness.; Patient notes weakness of arm and grip of left side with numbness and tingling that comes and goes down the left arm.; The patient does not have new signs or	1
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 not have new or changing neurologic signs or symptoms.; The patient	1
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.; PT HAS BEEN IN SEVERE PAIN FOR SEVERAL MONTHS. PAIN HAS ONLY GOT WORSE; There has been treatment or conservative therapy.; LOW BACK PAIN, LUMBAR STENOSIS WITH RADICULOPATHY.; PT HAS TRIED PHYSICAL THERAPY AND ALSO 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	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.; Several months ago.; It is not known if there has been any treatment or conservative therapy.; Neck and low back pain radiating to the upper and lower 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	1

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 Inflammatory/ Infectious Disease.; 2014; There has been treatment or conservative therapy.; Back pain details; his symptoms are unchanged since last visit. The discomfort is most prominent in the cervical spine, in the mid and lower thoracic spine, and in the mid and lower lumbar spine. He characterizes it as constant, mild in severity, modera; PAIN MEDS, STRETCHING, PAIN CLINIC ABD MRI	1
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 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.; ; ; This study is 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.;	1
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 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	1

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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 30 year history of progressing left neck pain	
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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/2014; There has been treatment or conservative therapy.; range of motion semi limited	
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 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.; Concerning neck pain, the location of discomfort is on the left side. It radiates to the shoulders, arms, and lower arm and hand and fingers.	
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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; January 27, 2017; There has been treatment or conservative therapy.; She states that lower back pain and anxiety pre dated that but both are worse since	1
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.; ; There has been treatment or conservative therapy.;	1

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.; ; 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	1
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.; 06/20/2017; There has been treatment or conservative therapy.; weakness and h/a; Steroids	
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.; 11/2016; There has not been any treatment or conservative therapy.; Pain in neck and shoulder since fall.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	abnormal xrays severe neck pain poss surgery being referred to neurologist; This is a request for cervical spine MRI; Pre-Operative Evaluation; Surgery is not Abnormal Xrays; 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	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Additionally, she presents with history of neck pain. the location of discomfort is on the left side. It radiates to the left shoulder and left arm. The pain is characterized as severe, intermittent, and throbbing. Initial onset was 2 months ago. The; 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	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Arm paresthesia, left; 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.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	back in 2008 patient had a cervical test xray and stated that he had a degenerative changes, patient also had a lumber spine in 2007 and was stated I5 thru s1 which was degenerative, I4 thru I5 bulging of disc that cause foraminal stenosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/14/2017; There has been treatment or conservative therapy.; patient is	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Back pain, unspecified noted. The discomfort is most prominent in the upper, mid, and lower cervical spine, in the upper and mid thoracic spine, and in the upper, mid, and lower lumbar spine. This radiates to the neck, shoulders, upper arms, and right a; One of the studies	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	been taking NSAIDS for past 3 months, xrays show degenerative disc disease, has chronic back pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	blurred vision; This study is being ordered for a neurological disorder.; 4/12/2017; There has been treatment or conservative therapy.; neck pain, Board fell on her neck and back and the pain has not went away; This study is being ordered for trauma or injury.; 06/19/2017; There has been treatment or conservative therapy.; Chronic neck pain and lower back pain; Pain medications	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	C spine surgery 1 year ago still having pain, need a new MRI for referral of care; This study is 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 in neck and back radiating into hips and shoulders; steroid injections, oral steroid and inflammatories	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Cervical lordotic curvature is straightened. There is	
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Cervical Osteoarthritis, Numbness/Tingling in hands, Neck Pain, Cervical Osteophytes seen on Cervical Xray; 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	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	CERVICAL RADICULOPATHY RADIATING DOWN ROGH SHOULDER/ARM. PATIENT HAD AN MVA 14 YEARS AGAO AND SAYS THAT SHE THINKS THIS IS ATTRIBUTED TO THAT. HAS HAD ISSUES WITH NECK PAIN SINCE; 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 IN NECK THAT IS RADIATING DOWN RIGHT SHOULDER CAUSING PAIN Chronic Neck Pain and cervical degenerative disease; 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 chronic neck pain that ortho is requiring an x-ray on; 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 chronic neck pain with bilateral upper extremity neuropathy, bilateral hand weakness, elevated tenderness bilateral trapezius muscles; 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.; chronic neck pain with bilateral upper extremity neuropathy, bilateral hand weakness, elevated tenderness bilateral trapezius muscles.; It is not known	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	not have new signs or symptoms of bladder or bowel chronic neck pain that ortho is requiring an x-ray on; 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 chronic neck pain with bilateral upper extremity neuropathy, bilateral hand weakness, elevated tenderness bilateral trapezius muscles; 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.; chronic neck pain with bilateral upper extremity neuropathy, bilateral hand weakness, elevated tenderness bilateral trapezius muscles.; It is not known	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic neck pain with bilateral upper extremity neuropathy, bilateral hand weakness, elevated tenderness bilateral trapezius muscles.; It is not known	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic neck pain, with numbness to BUE; 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.; documented weakness when actively moving, numbness, tingling bilateral upper extremities; The patient does not have new signs or symptoms of	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Chronic 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.; Neck and 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.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	gait mildly antalgic after first starting to walk after getting up from sitting position. xray results pending at this 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.; patient initially seen for this on 2-9-16; There has been treatment or conservative therapy.; chronic neck pain with radiculopathy bilaterally causing Going on since 5/18/ 2017 - Not responding to MEDS; 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 TO THE SHOULDER, TROUBLE RAISING ARM; The patient does not have new signs or	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	has pain and intermittent numbness in left leg, tenderness of posterior neck musculature, straight leg raise causes pain down left leg, tender in low lumbar back and left lumbar musculature; This study is being ordered for a neurological disorder.; 2001; It is not known if there has been any treatment or conservative therapy.;	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	has pain and intermittent numbness in left leg, tenderness of posterior neck musculature, straight leg raise causes pain down left leg, tender in low lumbar back and left lumbar musculature; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, Having neck and back pain, tingling in arms and neuropathy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or He reports significant pain and tenderness on palpation but denies any peripheral parasthesias, loss of hand grip, weakness on extention or flexion. Patient has good active and passive ROM on physical exam although restricted past 100 degrees due to pain.;	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	neck and/or back pain; It is not known if the patient	1
General/Family Practice	Disapproval	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.;	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Acute or Chronic neck and/or back pain; It is not known if the patient demonstrate neurological deficits.;	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if this patient had a recent course of supervised physical Therapy.;	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is not known if the patient had six weeks of Chiropractic care related to this episode.;	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Chronic neck pain	1

General/Family Practice	Disapproval	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.; 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.; Neck pain and occipital	1
General/Family Practice	Disapproval	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.; It is not known if this patient had a recent course of supervised physical Therapy.; 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	1
General/Family Practice	Disapproval	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; 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	1
General/Family Practice	Disapproval	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; 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	1

General/Family Practice	Disapproval	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; 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	2
General/Family Practice	Disapproval	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; 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. c/o of arms being numb and they hurt and sometimes medication only give for conservation treatment...r/o upper extremity numbness and limited range of motion, arteritis; 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 muscle relaxers; This study is being ordered for a neurological disorder.; 06/2016; There has been treatment or conservative therapy.; low bp neck pain joint stiffness hx of degenerative changes; n said , home exercises , 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	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Neck pain with Right Sided Radiculopathy with failed Med 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 had back pain for over 4 weeks.; The patient has seen the doctor more then neck pain, radiates down both arms, had cortisone injections with no improvement, and gets pain medications monthly and still no improvement.; 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 neck pain; 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	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	NECK/THYROID: LEFT, C4 area light pressure and tapping causes shooting pains and electric sensation around the neck, C5 area tapping causes shooting pains into the forearm, C6 tapping and light pressure causes shooting electric pains down the radial forea; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or 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.; weakness in all 4 limbs; The patient does not have new signs or symptoms of bladder or bowel	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE 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.; 08/1/2007; There has been treatment or conservative therapy.; pain; meds and chiro care 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	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE 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.; 08/10/2017; There has been treatment or conservative therapy.; Pt has neck pain and back pain .; PT and Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for trauma or injury.; 07/20/2017 worsened; There has been treatment or conservative therapy.; R20.2, M62.830, M99.03, Nothing is helping with pain, candidate for epidural injection or 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.; 4-5 months ago; There has been treatment or conservative therapy.; Location:	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	numbness and tingling of the hand that radiates down the arm, hard to grasp items; 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 numbness in finger tips;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/04/2015; There has been treatment or conservative therapy.; pain; medication and hep; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	numbness in hands, neck pain is worse and back pain, Tramadol helps to dull the pain, palpation of lumbar area and tender over lumbar area with LRM. She is tender over L lower Cervical area and L Trapezius.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new pain with right shoulder flexion, extension, adduction, abduction, internal rotation, and external rotation; pain with back flexion and extension;; This study is 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;	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient complains of numbness and tingling in his arms and hands, has been having increasing muscle spasms in his back; 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	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient complains of neck pain. The location of discomfort is posterior. It radiates to the intrascapular area. Initial onset was several months ago. There was no obvious precipitating event or injury.; 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 not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was PATIENT CONTINUES TO HAVE SEVERE PAIN IN HER NECK. PATIENT HAS BEEN SEEN BY A CHIROPRACTOR WITH NO RELIEVE. PAIN WORSENING AND WOULD LIKE TO HAVE FURTHER IMAGING DONE.; 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.; PAIN WITH CERVICAL ROTATION TO RIGHT GREATER IN LEFT PART THAT RADIATES INTO THE SHOULDER. PATIENT REPORTS NUMBNESS AND PARA THESIS IN Patient had a fall. Insaid and steroid injection not working. Worsening. No PT. If MRI shows no abnormality, patient will go to PT.; 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.; Decreased range of motion. Back of the neck to right shoulder. Tenderness and spasms.; The patient does not have new signs or</p>	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>PAIN WITH CERVICAL ROTATION TO RIGHT GREATER IN LEFT PART THAT RADIATES INTO THE SHOULDER. PATIENT REPORTS NUMBNESS AND PARA THESIS IN Patient had a fall. Insaid and steroid injection not working. Worsening. No PT. If MRI shows no abnormality, patient will go to PT.; 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.; Decreased range of motion. Back of the neck to right shoulder. Tenderness and spasms.; The patient does not have new signs or</p>	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>PAIN WITH CERVICAL ROTATION TO RIGHT GREATER IN LEFT PART THAT RADIATES INTO THE SHOULDER. PATIENT REPORTS NUMBNESS AND PARA THESIS IN Patient had a fall. Insaid and steroid injection not working. Worsening. No PT. If MRI shows no abnormality, patient will go to PT.; 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.; Decreased range of motion. Back of the neck to right shoulder. Tenderness and spasms.; The patient does not have new signs or</p>	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient had CT C spine that showed a very large central disc extrusion at C5-6 with prominent canal narrowing and probably prominent cord impingement and is laterl recess narrowing with probably some transiting nerve root impingement also. Some disc osteo; 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 having bilateral numbness and weakness in hands and legs</p> <p>patient had a CT C spine that show a very large central disc extrusion at C5-6 with prominent canal narrowing and probably prominent cord impingement also lateral Patient has already been dx with spinal stenosis in c-spine region but is having more severe pain lately.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p>	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>06/24/2015; There has been treatment or conservative patient has complaint of problem over 1 month now. pain wax and waning. pain is sharp and stabbing.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.;</p> <p>decreased range of motion, tender and stiffness noted on exam; The patient does not have new signs or patient has completed physical therapy and symptoms are worsening; 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.; leg weakness; The patient does not have new signs or symptoms of</p>	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>decreased range of motion, tender and stiffness noted on exam; The patient does not have new signs or patient has completed physical therapy and symptoms are worsening; 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.; leg weakness; The patient does not have new signs or symptoms of</p>	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has history of fusion in neck and rotator cuff surgery; This study is being ordered for trauma or injury.; 6/22/2017; There has been treatment or conservative therapy.; Patient is having low back pain and neck pain that is radiating into shoulders with numbness and tingling in bilateral arms. Patient states that he is having tingling in his legs while driving and he patient has leg pain and weakness for 3-4 weeks, pain described as burning and shooting; This study is being ordered for a neurological disorder.; 01/04/2017;	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; chronic pain in back and legs, weakness in right leg, increasing pain, since first complaint pain gotten worse	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has tried different medication therapies,as well as physical therapy, worsening of radiating pain and weakness to upper extremities; 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 and numbness in both hands, left hand worse; 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	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has tried hydrocodone and muscle relaxer, not improved.; This study is being ordered for a neurological disorder.; August 20th. 2017; There has not been any treatment or conservative therapy.; constant pain from the base of the spine down both legs, legs are numb.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient is being considered for possible Cervical and Lumbar Epidural Steroid Injections based off the results of MRI'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.; Approximately 2014.; There has been treatment or conservative therapy.; Pain is located in the neck and radiates down both arms and the low back radiating down both legs. Pain is characterized as dull/aching, hot/burning, shooting, sharp/stabbing, numbness, spasming, tingling/pins and needles, tightness, and changes in severi; Patient reports that she has had physical therapy.&#x0D;</p> <p>Patient reports pain in neck that radiates down the left arm. He reports pain will go down into fingers of left hand and occasional numbness. Patient reports tremor in left hand and worse when trying to grip something.; 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.;</p>	
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient shows signs of degenerative changes and mild C3-C4 retrolisthesis; 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 right hand grip is weak; The patient does not have new signs or</p>	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient states 9 days ago he tried to perform a push up and noticed a grinding sensation in his neck and developed a great deal of pain.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; The patient does not have new or changing</p>	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient states that he is here about his neck pain. Pt completed 6 weeks of rehab for his shoulder pain that was ordered by Dr. Mitchell. Pt was seen by Dr. Mitchell on Monday and states that Dr. Mitchell thinks the pain he is having is coming from his ; 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: decreased range of motion noted in: the neck; pain with range of motion Patient with a history of neck pain started taking Diclofenac Sodium for since 03/29/2017 with no significant improvement of 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.;	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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 PATIENTS PRESENTS TO CLINIC WITH CHRONIC NECK PAIN.; 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	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Problem has not changed and is getting worst. She is having decreased mobility, muscle spasms, weaknesses, and difficulty sleeping.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Around 05/08/2017;	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt had CT scans done in November of last year and they showed changes from her prior ones, therefore we are requesting she get MRI's to further examine the changes in her conditions so that we will know how to properly treat her.; This study is being ordered for a neurological disorder.; 11/15/2016; There has been treatment or conservative therapy.; Chronic lumbar	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt had X-ray's of the C-spine & L-spine done on 5/18/2017 that were both abnormal. MRI's are suggested so that we can help to better treat our patient.; This study is being ordered for a neurological disorder.; 10/28/2014; There has been treatment or conservative therapy.; Chronic Lumbar back pain, numbness, weakness	
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has fibromyalgia and is in constant chronic pain all the time.; This study is being ordered for Inflammatory/ Infectious Disease.; 03/15/2016; There Pt has numbness and tingling and headaches; This is a request for cervical spine MRI; Neurological deficits;	
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt hit by a car; This study is being ordered for trauma or injury.; 8-18-2017; There has not been any treatment or conservative therapy.; aching, throbbing, stabbing and entire back pain with any type of movement makes it 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	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt is needing new MRI in order to see Neurosurgeon.; This study is being ordered for trauma or injury.; 4-4-17; There has been treatment or conservative therapy.; Back and Neck Pain; Pain Medications, Pain	1
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General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Pt. has tried and failed on several medications and has radiating pain in her neck and back that are causing her to NOT function well in her daily 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.; 1/1/2009; There has been treatment or conservative therapy.; Pain radiating from her neck into her arms that also is causing numbness and tingling in her extremities. Pt. also has radiating pain from her back into her lower extremities.; Patient has tried physical therapy with her PCP that did NOT help. Pt. has also tried narcotics medications and over the counter medications that did NOT help. Pt. tried anti-inflammatories but now cannot take these as she has kidney failure.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
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General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt's pain management dr requested that we get MRI's of the pt so that we and them can better treat our 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.; 03/30/2017; There has been treatment or conservative therapy.; Chronic neck pain	
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	see attached; 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.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Sever pain in neck. First office visit on 08-23-2017 and was given cyclobenzaprine 10 mg, Naprosyn 500mg, and Ultram 50mg. Patient returned on 08-29-2017 and is still in pain and medication not working very well.; This is a request for cervical spine MRI; Acute or Chronic neck and/or back pain; It is not known if the	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Severe and chronic neck pain with headaches.; 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 had neck pain for years and it is getting progressively worse and she is having headaches now. No relief.; The patient does not have SHE HAS NOT HAD AN MRI OF HER BACK OR HER NECK. SHE HAS BEEN TRYING TO JUST DEAL WITH THE PAIN FOR APPROX A YEAR NOW AND IT JUST SEEMS TO BE WORSENING.; This study is being ordered for Inflammatory/ Infectious Disease.; 7/15/2016; There has been treatment or conservative therapy.; SHE HAS EXTREME LOW BACK PAIN AND PAIN IN HER CERVICAL AREA. IT HURTS FOR HER TO BEND DOWN D/T IT	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	shooting throbbing pain radiates from neck and arm numbness in fingers tenderness limited ROM to Right T8-T10 paravertebral musculature SLT positive around 60 on left 90 on right decreased sensation to right forearm; This study is being ordered for a neurological disorder.; September 20th 2017; There has been treatment or conservative therapy.; limited ROM tenderness decreased sensation to extremities spasms numbness tingling; oral steroids nsuids heating pad rest with no improvemnet; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Tenderness to the left anterior and posterior shoulder with no deformity noted. Decreased range of motion and decreased muscle strength; 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.; Tenderness to the anterior and posterior shoulder with no deformity noted. Decreased range of motion and decreased muscle strength; The patient does not have	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The numbness, discomfort and drawing up of the hands and fingers. The severe 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.; Numbness in arm and the drawing up of the 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.	1
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.; It is not known	1
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	5

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 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; 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 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.; No, this patient did not have a 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; 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	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		2
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

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	1
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	2
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; 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,	1
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; "The patient has been seen by, or the ordering physician is, a neuro-specialist, orthopedist, or oncologist."; Follow-up to	1
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; Yes, the patient demonstrate neurological deficits.; yes, there is a	7

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; Neurological deficits; <Enter 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 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 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 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	1
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; 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 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	1
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; Neurological deficits; cannot be on NSAID's as she has 1 kidney, states at times she feels tingling and shooting pain and numbness down her right arm, has seen physical therapist and a chiropractor and has not gotten any relief from her pain. She was provided w/ exercises and T; 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	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

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; Neurological deficits; Patient complains of tingling sensation. She complains of left shoulder pain. The location of the pain is generalized. It radiates to the arm, elbow, forearm, wrist, hand, chest, breast, and upper back. The pain initially started 3 weeks ago. She des; 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	1
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; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient does have	1
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; Neurological deficits; trying to rule out cancer or tumor; 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	1
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; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
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; 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	1

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; None of the above; patient had abnormal xray of cspine on 8-22-17. suggested mri.; 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	1
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; 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.	2
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; 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	1
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; 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.; Patient has Harrington Rod	1
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; 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.;	4

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; 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	7
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; 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	
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; 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	
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; 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.; Current symptoms/reason for visit include/s Symptoms include headaches and other (SORE LYMPH NODE IN LEFT SIDE OF NECK)Neck	
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; 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.; He states that this is most noticeable at night when he is laying on his right side and rotates to his back. He states that when he moves	1
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; 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	1

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; 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.; pain acute in posterior bilateral neck radiates to shoulders and arms pain is	
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; 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.; pain and tenderness in cervical 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 presents with classic migraine. He has never been officially diagnosed with migraines. The current headache began approximately	1
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; 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 states she needs a	1
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; 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 had an ACDF 11/13/2014 however she continues to have worsening neck pain with inability to turn head functionally.	1

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; 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	1
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; 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.;	2
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; 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.; <Enter Additional Clinical Information>	1
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; 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.; Back of head pain x 2 months. BUE numbess & dizziness.	1

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; 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.; bilateral upper extremity parathesia	1
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; 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.; Neck pain that has lasted	1
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; 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	1
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; 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.; Patient presents stating numbness/pain in neck and shooting down to right	1

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; 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.; She is having left neck pain	1
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; <Enter Additional Clinical Information>; No, the patient does not have new or	2
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; <Enter Additional Clinical Information>; 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.	1
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; ; No, the patient does not have new or changing neurological signs or symptoms.	1

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; ; 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.;	1
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; Brain CT done in ER after MVA was normal, Pt is in a lot of pain; It is not known if the This is a request for cervical spine MRI; Trauma or recent injury; does not have pain with neck extension or hyperextension. left should range of motion intact, can make arc without difficulty or pain. no pain with internal or external rotation. strength of arm intact. Romberg test is negative, no pronator drift on e; 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	1
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; hurts down her arm and into her elbow and sometimes there is swelling; No, the patient does	1
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; Pt had a car accident and is having chronic neck pain, pt was giving medications with no relief; It is not known if the patient have new or This is not for an injury as previously stated. Has been seeing a chiropractor; This study is being ordered for trauma or injury.; May 2017; There has been treatment or conservative therapy.;	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain; x ray showing minimal	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Tired of his back pain. Has been to pain management and does not want to be on these meds forever. Local NSGY states there is nothing he can do for him. Has called Spine Institute and they reviewed his last MRI.	
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	To evaluate the posterior fusions @ L5-S1 from previous surgeries causing her current pain; This study is being ordered for a neurological disorder.; Patient has had 2 previous back surgeries. Pain has been getting worse within last month. xray shows posterior fusions @ L5-S1; There has been treatment or conservative therapy.; Pain to right shoulder/neck that radiates down arm. Lumbar pain with radiculopathy.; Patient sees pain management specialist Dr. Frankowski and she takes hydrocodone and Mobic daily and has been since her past back surgeries. Also sees neurosurgeon, Paul Lee, M.D.	1
General/Family Practice	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 no weakness or reflex abnormality.; The patient does not have new signs or unknown; 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 not been treated with	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	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; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; numbness, difficulty gripping; The patient does not have new signs or symptoms of bladder or 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. exhibits weakness on exam to both	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	hands.Pt. states he is unable to feel how hard is able to squeeze APN's fingers due to numbness to both hands.; The patient does not have new signs or symptoms of 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.;	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	weakness in leg; The patient does not have new signs or symptoms of bladder or bowel UNKNOWN; This study is being ordered for Congenital Anomaly.; 08/03/2017; There has been treatment or conservative therapy.; NECK AND BACK PAIN, JOINT STIFFNESS, LEG NUMBNESS AND WEAKNESS, DECREASED RANGE OF MOTION IN NECK; 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	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 02/03/2017; There has been treatment or conservative therapy.; 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.; 03/18/2015; There has been treatment or	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE 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.; 07/02/2017; There has been treatment or conservative therapy.; NECK AND UPPER BACK 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.;	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; It is not known if there has been Unknown; This study is being ordered for trauma or injury.; One month ago; There has been treatment or conservative therapy.; Thigh(right) pain/swelling s/p trauma	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; unknow; There has been treatment or conservative therapy.; Migraine HA, backache, nausea,;	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	WILL FAX IN; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; HAND PAIN AND NUMBNESS, UNABLE GRIP ANYTHING AND DROPPING ITEMS; 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	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Will FAX; 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

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Will FAX; 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.; 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.; Meloxicam	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Worsening back pain.; This study is being ordered for a neurological disorder.; Pt was first seen with complaint of increased back pain on 4-26-17. But on 2-21-17 pt was first seen after lifing something heavy at work.; There has been treatment or conservative therapy.; Worsening pain in back and pain in arms and legs. Radiculopatya to left lumbar.; Pt has been given steroid injections, tried OTC NSAIDS, gabapentin, lyrica, muscule relaxant. Physical therapy. Been seen by Neurology and Neurosurgery. Tried 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	1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Worsening symptoms in the last year with h/o DDD.; This study is being ordered for a neurological disorder.; 5-2014; There has been treatment or conservative therapy.; Neck pain and lower back pain and lower back pain radiates to the legs.; She has seen pain management 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	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	X-ray of the cervical, thoracic, and lumbar spine have been performed, and the results showed mild degenerative disc 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.; July 21,2017; There has been treatment or conservative therapy.; Patient has been having back pain and new onset daily persistent headache.; Patient has had medication treatment.; One of the studies being ordered is NOT a Breast MRI, CT X-Ray show severe degenerative disc disease at C6- C7 and patient needs to be referred for surgery or injections, but those referrals require MRI.; 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	1
General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	xray showed an osteophyte c6-5, patient symptoms are 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.; 08/29/2017; There has been treatment or conservative therapy.; neck pain 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	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.";	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. >; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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. >; This is a request for a thoracic spine MRI.; None of the above; It is not known if the patient does have new or changing neurologic signs or symptoms.; It	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. >; This study is being ordered for a neurological disorder.; 5/26/2017; 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	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. >; This study is being ordered for Inflammatory/ Infectious Disease.; 07/13/2017; There has been treatment or conservative therapy.; back pain, not able to lift anything, not able to bend; medications, xray	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. >; This study is 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 > 11/10/16; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >	

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>&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;;</p>	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>&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.; 02/22/2017; There has been treatment or conservative therapy.; pain to legs and butt, limited range of motion , numbness and tingling of legs and feet; 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</p>	1

				<p>&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.; 05/25/2017; There has been treatment or conservative therapy.; chronic left shoulder pain radiating to neck and bp; pain medication ,injections ,sling , steroid treatment 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</p>	
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

				<p>&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.; 08/13/2017; There has been treatment or conservative therapy.; lumbar pain on palpitation, back stiffness, decrease range of motion, pain,; 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</p>	
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		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. >; This study is 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.; Back pain and pain going down the legs and arm; Anti inflammatory	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. >; This study is 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.; pain, numbness, limited range of motion; medication, 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
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. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/17/2017; There has not been any treatment	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. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/28/2017; There has been treatment or conservative therapy.; pain,; pain specialist; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	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. >; This study is 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 6/23/2017; There has been treatment or conservative therapy.; PAIN; 8 Weeks of PT, steroids and 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	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. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	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. >; This study is 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.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; physical therapy & medicine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy,	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. >; This study is being ordered for trauma or injury.; 08/09/2017; There has been treatment or conservative therapy.; neck and back pain; 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
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. >; This study is being ordered for trauma or injury.; 8*/2/17; There has been treatment or conservative therapy.; pain, decreased range of motion, weakness ,numbness; medication, 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	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. >; This study is being ordered for trauma or injury.; Unknown.; 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 >;	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. >; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; ; PT	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER 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.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for a thoracic 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.; 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.; MEDROL DOSE PACK AND GABAPENTIN	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 1991, 2001; There has been treatment or conservative therapy.; mid lower back pain. right shoulder pain with tingling and numbness; physical therapy 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	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER 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.;	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER 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.; 30 year history of progressing left neck pain	
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER 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.; January 27, 2017; There has been treatment or conservative therapy.; She states that lower back pain and anxiety pre dated that but both are worse since then she reports daily headaches severe as well as neck pain lower back pain left hip pain left calf cramping.; Gabapentin, Hydrocodone	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER 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.; pain in RUQ under ribs, as well as over ribs, and it wraps around side to her lower ribs in her back. It is worse with pushing on it and in certain positions. Back pain with tenderness on exam. tender in right lower thoracic and upper lumbar back. tender; There has been treatment or conservative therapy.; back pain in thoracic and lumbar region. pain in right lower ribs that radiates to the back. has had a GB workup and egd with gastric empty study but all was normal.; pain medication only.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	72146 MRI THORACIC SPINE CHEST SPINE UPPER 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.; pt has fabry's disease and genetic doctor was wanting test for further evaluation; It is not known if there has been any treatment or conservative therapy.;	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER 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.; RADIATING BACK PAIN, MID LOWER BACK. ONSET 1 YEAR AGO. TRIED NAPROXEN, TYLENOL, IBUPROFEN, PHYSICAL THERAPY, HEAT, ICE AND MASSAGES. NO RELIEF.; There has been treatment or conservative therapy.; RADIATING BACK PAIN, MID LOWER BACK. ONSET 1 YEAR AGO.; TRIED NAPROXEN, TYLENOL, IBUPROFEN, PHYSICAL THERAPY, HEAT, ICE AND MASSAGES. NO RELIEF.; One of the studies being	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; This study is being ordered for trauma or injury.;	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	05/10/2017; There has been treatment or conservative therapy.; MUSCLE SPASM RADICULOPATHY BILATERAL LEG PAIN ACHING BURNING STABBING; NARCOTIC	
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; SHOULDER -SEPTEMBER 6, 2017; Abnormal back examination, Right thoracic tenderness, Right thoracic spasm; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; February 2017; There has been treatment or conservative therapy.; pain in lumbar and thoracic , numbness and tingling down both legs, and spasms in his leg.; pt has had prescription muscle relaxers, antiinflammatory, and pain medications with no relief.; One of the studies being	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Back pain, unspecified noted. The discomfort is most prominent in the upper, mid, and lower cervical spine, in the upper and mid thoracic spine, and in the upper, mid, and lower lumbar spine. This radiates to the neck, shoulders, upper arms, and right a; One of the studies been taking NSAIDS for past 3 months, xrays show degenerative disc disease, has chronic back pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Complains of severe back pain possible due to MVA in Jan. Pt states he has back spasms and mid back pain that is worsening.; This is a request for a thoracic spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.;	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has had back pain for over 4 weeks.; The	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	
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Follow up; 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.;	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has had back pain for over 4 weeks.; The	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	further evaluation; This study is being ordered for trauma or injury.; 3 years ago; There has been treatment or conservative therapy.;	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	constant severe sharp pain in thoracic and lumbar spine; lifting, bending over aggravates the pain; Medication Having neck and back pain, tingling in arms and neuropathy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

General/Family Practice	Disapproval	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.; 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.; &Enter Additional Clinical Information>	1
General/Family Practice	Disapproval	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.; 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.; lower thoracic back with point tenderness laterally along the musculature around the T10 region on the left. There is no rash. There is no point tenderness of the spinous processes. The pain is radiating around to her umbilicus which should be approximate	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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."; &Enter Additional Clinical Information>	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	low back pain 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.; 08/10/2017; There has been treatment or conservative therapy.; Pt has neck pain and back pain .; PT and Medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or none; This study is being ordered for trauma or injury.;	
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	07/20/2017 worsened; There has been treatment or conservative therapy.; R20.2, M62.830, M99.03, M99.01; medication, Nothing is helping with pain, candidate for epidural injection or 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.; 4-5 months ago; There has been treatment or conservative therapy.; Location:	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	numbness in finger tips;; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/04/2015; There has been treatment or conservative therapy.; pain; medication and 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 pain on the right side; This study is 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 >; pain with right shoulder flexion, extension, adduction, abduction, internal rotation, and external rotation; pain with back flexion and extension;; This study is 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;	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	numbness in finger tips;; This study is 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 >; pain with right shoulder flexion, extension, adduction, abduction, internal rotation, and external rotation; pain with back flexion and extension;; This study is 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;	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	numbness in finger tips;; This study is 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;	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient has had back pain for over one year with no improvement with 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.; Aug 2015; There has been treatment or conservative therapy.; Irregular gait and tenderness/pain to lower back; Patient has been seeing chiropractor for over one year with no 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</p> <p>provide care for pain relief excluding disc or joint disease; This study is being ordered for a neurological disorder.; 6/1/2017 pt had low back pain and upper back pain weakness to lt side with poor reflexes; There has been treatment or conservative therapy.; low back pain wit radiculopathy to lt leg. pain in thoraciac,when</p>	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient has had back pain for over one year with no improvement with 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.; Aug 2015; There has been treatment or conservative therapy.; Irregular gait and tenderness/pain to lower back; Patient has been seeing chiropractor for over one year with no 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</p> <p>provide care for pain relief excluding disc or joint disease; This study is being ordered for a neurological disorder.; 6/1/2017 pt had low back pain and upper back pain weakness to lt side with poor reflexes; There has been treatment or conservative therapy.; low back pain wit radiculopathy to lt leg. pain in thoraciac,when</p>	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>provider wishes to rule out chiari malformation. patient also with Degenerative disc disease of cervical and lumbar spine, rule out thoracic spine DDD.; This study is 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 date of initial onset; There has been treatment or conservative therapy.; mid back pain that radiated to the abdomen, neuropathy, chronic arthralgia, headaches and neck pain; patient has tried chiropractic therapy, medication therapy</p>	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Pt had abnormal xray showing degenerative disc desease and disc space narrowing; pain in mid back radiating across the lower front back to right side and is severe; prior Hx of disc herniation, Hx of nerve root compressions; 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.</p>	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PT has lengthy history of lower back pain that has recently increased in severity. Recent lumbar spine xray failed to indicate a cause and treatment with oral analgesics, muscle relaxers and narcotic-like pain medicines have not decreased level and sever; 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 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
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt stated cant unable to stand or 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.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; seizure.; pt had PT and chiropractic care	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt. having pain in the thoracic are after being diagnosed with scoliosis and having pain in the lumbar area.; This study is being ordered for Congenital Anomaly.; 1/1/2004; There has been treatment or conservative therapy.; Myalgia 729.1 M79.1, 	
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Spinal Stenosis of the Thoracic Region, Upper Back Pain, Numbness/Tingling in hands, Thoracic Osteophytes seen on Thoracic Xray; 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.	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Suspect mechanical or functioinal neuroma or endometriosis lesion or anatomic disruption of nerve fibers. tenderness limited ROM to Right T8-T10 paravertebral musculature SLT positive around 60 on left 90 on right decreased sensation to right forearm; This study is being ordered for a neurological disorder.; September 20th 2017; There has been treatment or conservative therapy.; limited ROM tenderness decreased sensation to extremites spasms numbness tingling; oral steroids ns aids heating pad rest with no improvemnet; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.; 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.;; The	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have 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.;; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
General/Family Practice	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.; <Enter Additional Clinical Information>; The patient is experiencing or	3
General/Family Practice	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.;; The patient is experiencing or	3

General/Family Practice	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.; radicular complaints. Burning sensation; The patient is experiencing or presenting	1
General/Family Practice	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.; The patient is experiencing or	2
General/Family Practice	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.; unknown; The patient is	1
General/Family Practice	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.; 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
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient is experiencing sensory abnormalities such as numbness or tingling.; The patient is not experiencing or presenting symptoms of abnormal gait, The patient does not have any neurological deficits.;	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK 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 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	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.;	
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK 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 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	

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.; Injured 2 weeks ago, had PT, TENS unit	
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; "The caller indicated that there is not x-ray or laboratory evidence of: Osteomyelitis, Meningitis, Septic Arthritis or discitis, or a paraspinal abscess."; The study is being ordered	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; Patient c/o constant chronic mid back pain associated with numbness and paresthesias. Patient has tried exercise, NSAIDS, heat and ice without improvement. Condition declining, interfering with activities of daily living and	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; Patient has had a CT of thoracic spine, X-rays, PT, muscle relaxers, and pain medications and her pain is no better.; The patient is experiencing or presenting symptoms of	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Tingling; This study is being ordered for trauma or injury.; 05/15/2017; There has been treatment or conservative therapy.; Low back pain weakness numbness; Medication home therapy exercises	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.; Patient has weakness with movement; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for a thoracic 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 unknown; This study is being ordered for a neurological disorder.; JUNE 2, 2017; There has been treatment or conservative therapy.; Pain that prevents the patient from participating in normal activities of 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.; 07/02/2017; There has been treatment or conservative therapy.; NECK AND UPPER BACK PAIN	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER 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.; 07/02/2017; There has been treatment or conservative therapy.; NECK AND UPPER BACK PAIN	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER 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.; 7/12/17; There has been treatment or conservative therapy.; Thoracic back pain, low back pain; x ray; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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.; 8/3/17; There has been treatment or	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER 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.; 8/3/17; There has been treatment or	1

General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER 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.; unknown; There has been treatment or conservative therapy.; I shoulder pain and thoracic spine; pt; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Uploading document; This study is 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
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	inflammatory or infectious disease, congenital anomaly, or vascular disease.; Unknown; It is not known if there has been any treatment or conservative Uploading Documents; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.;	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pain In Back Radiating To Legs; Medication X-ray of the cervical, thoracic, and lumbar spine have been performed, and the results showed mild degenerative disc 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.;	1
General/Family Practice	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	July 21,2017; There has been treatment or conservative therapy.; Patient has been having back pain and new onset daily persistent headache.; Patient has had medication treatment.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	One of the studies being ordered is NOT a Breast MRI, CT < 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	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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 < Enter answer here - or Type In Unknown If No Info Given. >; 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.; other medications as listed.; It is not < 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.; 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 < 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 < 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 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	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; 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 < 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.; 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 < 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 < 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 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	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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.; 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 < 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 < 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 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	2
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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 < 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 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	5
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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 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	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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 reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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 weakness.; ; The patient does not have new signs or symptoms of bladder or bowel dysfunction.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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 weakness.; Document exam findings; The patient does not have new signs or symptoms of	2
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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 weakness.; flexion test. patient was not able to push back on the r foot; The patient does not have new signs or symptoms of bladder or bowel dysfunction.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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 weakness.; lower extremity weakness; The patient does not have new signs or symptoms of	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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 weakness.; numbness and weakness both feet and legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The < 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.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There is weakness.; Right side weakness; The patient does not have new signs or symptoms of bladder or < 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.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There is weakness.; UNABLE TO WALK; The patient does not have new signs or symptoms of bladder or < 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.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There is weakness.; WEAKNESS IN LEFT LEG; The patient does not have new signs or symptoms of < 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.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There is weakness.; weakness in the back and legs; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not known if the	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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 weakness.; weakness with pain; The patient does not have new signs or symptoms of bladder or < 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 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?;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has been treated with medication.; It is not known was medications were used in treatment.; It is < 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 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?;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has been treated with medication.; The	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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 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 < 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 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.;	
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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 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 or more of Chiropractic care.; The < 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 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.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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 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 or more of Chiropractic care.; The	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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 not have new or changing neurologic signs or symptoms.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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	5
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Member can barely raise himself up and walks bent over.; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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 BOTH LEGS TO MID THIGH; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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	2
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back	2
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The	28
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; 07/28/2016; There has been treatment or conservative therapy.; CHRONIC PAIN, HEADACHE, RADIATES TO SHOULDER, PAIN CONTINUES TO RIGHT LEG SCIATICA; SUPERVISED HOME EX, CT, XRAY, MEDICATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; 5/26/2017; 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	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; 6/20/2016; There has been treatment or conservative therapy.; pain in side of neck	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; over year; There has been treatment or conservative therapy.; tingling and numbness in right hand, burning and pain in hip and leg; PT, 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	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 9/12/17; There has been treatment or conservative therapy.; lower back pain and abdominal pain; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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 >; 11/10/16; There has	

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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 been < 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.; 02/22/2017; There has been treatment or conservative therapy.; pain to legs and butt, limited range of motion , numbness and tingling of legs and feet; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET < 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.; 08/13/2017; There has been treatment or conservative therapy.; lumbar pain on palpitation, back stiffness, decrease range of motion, pain,; anti inflammatory; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; 02/22/2017; There has been treatment or conservative therapy.; pain to legs and butt, limited range of motion , numbness and tingling of legs and feet; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET < 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.; 08/13/2017; There has been treatment or conservative therapy.; lumbar pain on palpitation, back stiffness, decrease range of motion, pain,; anti inflammatory; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; 08/13/2017; There has been treatment or conservative therapy.; lumbar pain on palpitation, back stiffness, decrease range of motion, pain,; anti inflammatory; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; 08/13/2017; There has been treatment or conservative therapy.; lumbar pain on palpitation, back stiffness, decrease range of motion, pain,; anti inflammatory; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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	
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; 10/2016; There has been treatment or	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; 11/20/2016; There has been treatment or	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; 2016; There has been treatment or	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; 3 years ago; There has been treatment or conservative therapy.; pain, numbness, limited range of motion; medication, injections; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy,	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; 5/17/2017; There has not been any treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; 6/28/2017; There has been treatment or conservative therapy.; pain,; pain specialist; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; 9/5/2017; There has been treatment or conservative therapy.; ; NSAIDS & 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	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; About 6/23/2017; There has been treatment or conservative therapy.; PAIN; 8 Weeks of PT, steroids and 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 < 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.; few months; There has not been any treatment or conservative therapy.; low chronic back pain < 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.; July 12; There has not been any treatment or	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; UNKNOWN; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; OVER < 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	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; ; There has been treatment or conservative	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 12/17/16; There has been treatment or conservative therapy.; feels like his nail on knee when	1

				< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2015; There has been treatment or conservative therapy.; CHRONIC PAIN, NUMBNESS; NSAIDS, SUPERVISED HOME 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	
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	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2mo; There has been treatment or conservative	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 5/25/17; There has been treatment or	1
				< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 8/2/2017; There has been treatment or conservative therapy.; mbr has pain and weakness; 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	
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; Unknown.; It is not known if there has been any treatment or conservative therapy.; < Describe	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; unknown; There has been treatment or conservative therapy.; ; PT	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	. &#xOD;	
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	. paresthesia of the leg; The study requested is a Lumbar Spine MRI.; None of the above; 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
General/Family Practice	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.	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; 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.	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 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	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 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.; It is not known if the patient has a new foot drop.; There ; 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 ; 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	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 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	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 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. ; 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; The patient does not have new signs or symptoms of bladder or bowel	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		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 have new or changing neurologic signs or symptoms.; There is weakness.; pain down legs tingling in legs severe back pain getting worse; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; ; 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 come in with complaints of back pain x 2 months - getting worse with radiculopathy; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; The patient does not ; 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 and burning in the left leg. Her left leg gives out when she walks.; The patient does not have new signs or symptoms of ; 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 had 6 weeks provider directed conservative therapy and has had back pain for years.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not ; 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.; unknown; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; ; 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	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; 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.; Back exercises daily for 6 weeks. Back pain is no better; tizanidine 4mg tablets ; 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 oral analgesics.; It is not known if the</p>	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; 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 oral analgesics.; It is not known if the</p>	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 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.;;	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 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.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; 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 ; 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.; Home ; 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 not been treated with medication.; It is not known if the patient</p>	2
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; 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.; Home ; 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 not been treated with medication.; It is not known if the patient</p>	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; 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 not been treated with medication.; It is not known if the patient</p>	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 seen the doctor more than 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 ; The study requested is a Lumbar Spine MRI.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.; The patient does not ; The study requested is a Lumbar Spine MRI.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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	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.;	
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 2015 lumbar MRI showed annular disc herniation in the lumbar area. C/O of recent increase in pain and weakness in the 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.	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.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; low back pain acute worsening of chronic condition, lumbar, bilateral, constant, sharp, shooting pain, c/o radiation of pain to lateral hip, left to buttock left posterior c/o range of motion limited secondary to pain, she hs numbness to the left upper le; The patient ; 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 having back pain; The patient does not have new signs or symptoms of bladder or	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.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; patient is having low back pain with 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.	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.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; rt L.E. 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.	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.; 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	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.; The patient has acute or chronic back pain.; The patient has none of the above	22
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.; Trauma or recent injury; 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.; It is not known if the patient has a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.;	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.; 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.; 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-Pain Medication	1
General/Family Practice	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.; 1991, 2001; There has been treatment or conservative therapy.; mid lower back pain. right shoulder pain with tingling and numbness; physical therapy 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	1

General/Family Practice	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.; PT HAS BEEN IN SEVERE PAIN FOR SEVERAL MONTHS. PAIN HAS ONLY GOT WORSE; There has been treatment or conservative therapy.; LOW BACK PAIN, LUMBAR STENOSIS WITH RADICULOPATHY.; PT HAS TRIED PHYSICAL THERAPY AND ALSO PAIN MEDICATION; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or ; This study is being ordered for a neurological disorder.; Several months ago.; It is not known if there has been any treatment or conservative therapy.; Neck and low back pain radiating to the upper and lower 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 ; This study is being ordered for Inflammatory/ Infectious Disease.; 2014; There has been treatment or conservative therapy.; Back pain details; his symptoms are unchanged since last visit. The discomfort is most prominent in the cervical spine, in the mid and lower thoracic spine, and in the mid and lower lumbar spine. ; This study is 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.; ; There has not been any treatment or conservative therapy.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; 2014; There has been treatment or conservative therapy.; Back pain details; his symptoms are unchanged since last visit. The discomfort is most prominent in the cervical spine, in the mid and lower thoracic spine, and in the mid and lower lumbar spine. ; This study is 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.; ; There has not been any treatment or conservative therapy.;	1
General/Family Practice	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.; ; ; This study is 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.;	1
General/Family Practice	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.; ; ; This study is 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.;	2
General/Family Practice	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.; ; ; This study is 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.;	1

General/Family Practice	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 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 ; This study is 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	04/01/17; There has been treatment or conservative ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;	
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;	
General/Family Practice	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.; January 27, 2017; There has been treatment or conservative therapy.; She states that lower back pain and anxiety pre dated that but both are worse since then she reports daily headaches severe as well as neck pain lower back pain left hip pain left calf cramping.; Gabapentin, Hydrocodone	1

General/Family Practice	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.; pain in RUQ under ribs, as well as over ribs, and it wraps around side to her lower ribs in her back. It is worse with pushing on it and in certain positions. Back pain with tenderness on exam. tender in right lower thoracic and upper lumbar back. tender; There has been treatment or conservative therapy.; back pain in thoracic and lumbar region. pain in right lower ribs that radiates to the back. has had a GB workup and egd with gastric empty study but all was normal.; 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.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	RADIATING BACK PAIN, MID LOWER BACK. ONSET 1 YEAR AGO. TRIED NAPROXEN, TYLENOL, IBUPROFEN, PHYSICAL THERAPY, HEAT, ICE AND MASSAGES. NO RELIEF.; There has been treatment or conservative therapy.; RADIATING BACK PAIN, MID LOWER BACK. ONSET 1 YEAR AGO.; TRIED NAPROXEN, TYLENOL, IBUPROFEN, PHYSICAL THERAPY, HEAT, ICE AND MASSAGES. NO RELIEF.; One of the studies being	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; This study is being ordered for trauma or injury.;	5
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	05/10/2017; There has been treatment or conservative therapy.; MUSCLE SPASM RADICULOPATHY BILATERAL LEG PAIN ACHING BURNING STABBING; NARCOTIC	

				04/28/2014 Low back pain noted. The location is primarily in the lumbar spine. She characterizes it as constant. This is a chronic, but intermittent problem with an acute exacerbation. She states that the current episode of pain started one week ago. ; 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	
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	08/14/2014 severe back pain; abn xray; pain going down leg; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient	
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	1. Back pain 	
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	19 weeks post closed treatment of right proximal fibula fracture with delayed healing.; The study requested is a Lumbar Spine MRI.; The patient has 2 days of PT and was 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	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	4-5 years agog pelvis popped out, and patient hit pelvis and is having pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	47 yr old female pt w/ low 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.; It is not	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	9/22/17 XR impression: There is scoliosis in the mid lumbar spine convex to the left, much more pronounced compared	

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	ABN 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 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 Abnormal back examination, Right thoracic tenderness, Right thoracic spasm; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; February 2017; There has been treatment or conservative therapy.; pain in lumbar and thoracic , numbness and tingling down both legs, and spasms in his leg.; pt has had prescription muscle relaxers, antiinflammatory, and pain medications with no relief.; One of the studies being Abnormal L Spine x ray, unrelieved symptoms with exercise and medication 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.; 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	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Abnormal L Spine x ray, unrelieved symptoms with exercise and medication 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.; 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	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	ABNORMAL MRI IN THE PAST; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; several years ago; There has been treatment or conservative therapy.; NECK AND BACK PAIN; patient has been doing neck exercises and been taking NSAIDS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT,	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	acute onset of low back pain	
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Arthritis in her back.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has none of the above back in 2008 patient had a cervical test xray and stated that he had a degenerative changes, patient also had a lumber spine in 2007 and was stated I5 thru s1 which was degenerative, I4 thru I5 bulging of disc that cause foraminal stenosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 02/14/2017; There has been treatment or conservative therapy.; patient is	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Back injury. Chronic pain.;	
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.; It is not known if the patient has had back pain for over 4 weeks.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	BACK PAIN , PT IS TAKING MADICATION FOR PAIN; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has none	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	BACK PAIN ,DIGENERATIVE DISK DISEASE; 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 going down to both legs since the MVA. Pain goes to L toes and LLE pain goes down to R calf. Legs give out on her some times. Tingling in L foot. Resting improves it. Movement and crossing legs makes it worse. Worse with sitting too. Taki; The study requested is a Lumbar Spine MRI.; The patient	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST study requested is a Lumbar Spine MRI.; The patient	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Back Pain Back pain, unspecified noted. The discomfort is most prominent in the upper, mid, and lower cervical spine, in the upper and mid thoracic spine, and in the upper, mid, and lower lumbar spine. This radiates to the neck, shoulders, upper arms, and right a; One of the studies 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.; The patient was back pain; 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	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST has been treated with medication.; The patient was back pain; 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	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST once for these symptoms.; It is not known if the	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	been taking NSAIDS for past 3 months, xrays show degenerative disc disease, has chronic back pain; One of the studies being ordered is a Breast MRI, CT Board fell on her neck and back and the pain has not went away; This study is being ordered for trauma or injury.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	06/19/2017; There has been treatment or conservative therapy.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Bobby D Cogburn is a 64 y.o. male who complains of low back pain for 5 day(s),  BYPASS CLINICALS; The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This procedure is being requested for None of the above C spine surgery 1 year ago still having pain, need a new MRI for referral of care; This study is 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; There has been treatment or conservative therapy.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pain in neck c/o Worst pain level 8, low back. c/o best pain level 4, relieved fairly well by medication. c/o Attempts to taper medication leads to impaired ability to interact with other people, severely impaired ability to walk. 	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Chronic low back pain radiating to hips and legs. MRI of pelvis shows degenerative changes to the lumbar spine and suggests MRI of Lumbar.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Chronic worsening lower back pain bilateral neuropathy of the lower extremities; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Clinical Information Complains of low back pain midline with intermittent radiation of pain down legs. This problem is getting worse especially with activity. History of discectomy of lumbar spine in 2000 by Orthopedist Dr. Bruce Smith.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Hx of scoliosis. Info Given.; The study requested is a Compression fracture secondary to a fall with increased pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Concern for herniated disc due to symptoms worsening.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>conservative therapy failed, drug therapy failed. home exercises failed.; 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.; rest, ice, exercises, heat,do not lift over 10 lbs, do not sit or stand for long periods of time. stretching; tordol, celeston, Norco, Mobic, robaxin, gabapentin</p>	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>conservative therapy has provided not relief, symptoms persist. looking for DDD, or bulging disc.; 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.;</p>	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	degenerative disease; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
				Due to her persistent low back pain unresponsive to meds and time.; 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.	
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given	
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	further evaluation; This study is being ordered for trauma or injury.; 3 years ago; There has been treatment or conservative therapy.; constant severe sharp pain in thoracic and lumbar spine; lifting, bending over aggravates the pain; Medication	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	gait mildly antalgic after first starting to walk after getting up from sitting position. xray results pending at this 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.; patient initially seen for this on 2-9-16; There has been treatment or conservative therapy.; chronic neck pain with radiculopathy bilaterally causing numbness in both hands and chronic low back pain.; patient has had physical therapy which made it worse. has also tried nsaid and muscle relaxers with little to no relief.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	has bone disorder, type 1 diabetic; This study is 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.; joint pain, instability	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	has pain and intermittent numbness in left leg, tenderness of posterior neck musculature, straight leg raise causes pain down left leg, tender in low lumbar back and left lumbar musculature; This study is being ordered for a neurological disorder.; 2001; It is not known if there has been any treatment or conservative therapy.; pain and intermittent numbness in left leg, tenderness of posterior neck musculature, straight leg raise causes pain down left leg, tender in low lumbar back and left lumbar musculature; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	HAVE BEEN FOLLOWING PATIENT FOR YEARS

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>He continues to have low back pain with radiation to the right leg. He has been seen at the ER. He was prescribed opioids at the ER which help the pain, and he has less symptoms if not standing . He has not been able to work.; 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.;</p> <p>Musculoskeletal system: Lumbar spine is tender at L5/S1, more on the right. Spasms are present in the adjacent paraspinal muscles.&#x0D;</p>
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>He has persistent discomforts and sciatica on the left. Recommend doing the following. We will start Naprosyn 375 mg one p.o. b.i.d. with food p.r.n. pain. Certainly cautioned him he needs to be sure to take that with food. If that upsets his stomach he n; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</p>

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	History of back fusion, x-rays from May 2017 and March 2016 for chronic, low 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.; 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.; From 2016 - Patient came in yesterday with back pain again requesting a shot; ready for MRI; MD says counseling, exercise, decrease weight, Poradol injection for pain Hurts to move and sit,; 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.; bilateral leg weakness; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>hx of degenerative 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.; 6-28-17; There has been treatment or conservative therapy.; chronic hip and back pain</p> <p>HX of laminectomy, painful lower back, limited ROM, unable to lift heavy objects due to 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.;</p>	
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Hydrocodone given to Pt with some helpfulness, but Pt is still having pain that is not resolving; The study requested is a Lumbar Spine MRI.; The patient has	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	In last 6 months pt has had more has done more driving pain especially in the last 2 weeks. She has developed more low back pain that has started radiating down her BLE. She 8d ago went to SMH ER & was given a steroid & Toradol injection. She was sent hom; The study requested is a Lumbar injections did not help back pain. Pain is now going down to the legs hip hurting using medication 10 mg hydrocodone; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	intervertebral disc degeneration of L spine and radiculopathy left lower extremity without any signs of 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.; 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 directed a	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Lots of pain in lumbar spine and R leg radiating down to mid thigh; 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	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	low back pain is worse. Radiating to the hips/upper legs. + tingling and numbness.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic low back pain radiating to lower extremities and several falls, feels like his leg drags; 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.; unknown; The patient does not have new signs or	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Low back pain with bilateral sciatica x 2-3 weeks after lifting heavy bucket, no improvement in symptoms.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	low back pain	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	low back pain	
				LOW BACK PAIN, ACUTE TO CHRONIC, MODERATE LEVEL, NO CHANGE IN URINE OR BOWEL HABITS, OTC PAIN MEDICATION NOT HELPING, PAIN RADIATES DOWN RIGHT LEG.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Low back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	lower Back Pain , physical therapy did not help; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	has acute or chronic back pain.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Lower back pain lumbar spine painful on movement, lumbar pain on palpation, is chronic, is unrelenting, causing difficulty finding a comfortable position, and Lower back pain lumbar spine painful on movement, lumbar pain on palpation, is chronic, is unrelenting, causing difficulty finding a comfortable position, and with muscle spasm.; 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?;	
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.;	

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Lumbar spine exhibited abnormalities, palpation of the lumbar spine revealed abnormalities, muscle spasms and pain was elicited by motion.; 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 Lumbar Spine x-ray showed possible high-grade lumbar Spondylosis at L5-S1 versus sacralization of the L5 vertebral body.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	medication, 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 MRI of Lumbar Spine and chronic back pain.; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	neurologic signs or symptoms.; There is reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Mrs. Morgan presents to clinic with 2 day history of significant worsening	

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Ms. TUCKER MAHERSSI presents with low back pain. Reason for visit: Pain. The discomfort is most prominent in the lower lumbar spine. R hip pain as well. This radiates to the right buttock and right anterior thigh. She characterizes it as intermittent ; 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 not directed conservative treatment for the past 6 weeks.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	muscle aches, arthralgias/joint pain, back pain, and difficulty walking.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above muscle relaxers; This study is being ordered for a neurological disorder.; 06/2016; There has been treatment or conservative therapy.; low bp neck pain joint stiffness hx of degenerative changes; n said , home exercises , 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 muscle spasm, tenderness on palpation, Lumbar / Lumbosacral Spine abnormal, Hips abnormal.; 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 muscle weakness , difficulty walking; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	muscle aches, arthralgias/joint pain, back pain, and difficulty walking.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above muscle relaxers; This study is being ordered for a neurological disorder.; 06/2016; There has been treatment or conservative therapy.; low bp neck pain joint stiffness hx of degenerative changes; n said , home exercises , 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 muscle spasm, tenderness on palpation, Lumbar / Lumbosacral Spine abnormal, Hips abnormal.; 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 muscle weakness , difficulty walking; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	muscle aches, arthralgias/joint pain, back pain, and difficulty walking.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above muscle relaxers; This study is being ordered for a neurological disorder.; 06/2016; There has been treatment or conservative therapy.; low bp neck pain joint stiffness hx of degenerative changes; n said , home exercises , 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 muscle spasm, tenderness on palpation, Lumbar / Lumbosacral Spine abnormal, Hips abnormal.; 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 muscle weakness , difficulty walking; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	muscle aches, arthralgias/joint pain, back pain, and difficulty walking.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above muscle relaxers; This study is being ordered for a neurological disorder.; 06/2016; There has been treatment or conservative therapy.; low bp neck pain joint stiffness hx of degenerative changes; n said , home exercises , 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 muscle spasm, tenderness on palpation, Lumbar / Lumbosacral Spine abnormal, Hips abnormal.; 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 muscle weakness , difficulty walking; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.; N/A; none.; This study is being ordered for trauma or injury.; June 27, 17; There has not been any treatment or conservative therapy.; knee buckling, severe lower 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 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 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 not 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	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 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 none; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		2
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		2

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW 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.; 06/05/2017; There has been treatment or conservative therapy.; dizziness lumbar disc disease; Meds 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.; 08/1/2007; There has been treatment or conservative therapy.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain; meds and chiro care and home PT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted none; This study is being ordered for trauma or injury.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	07/20/2017 worsened; There has been treatment or conservative therapy.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	R20.2, M62.830, M99.03, M99.01; medication,	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Normal x-ray; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	numbness decreased sensation down the left buttocks, ant left thigh and tibia down to the great tow.;	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.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There is weakness.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient states his leg gives way.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have new signs or symptoms of bladder or bowel dysfunction.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does not have a new foot drop.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	There is not x-ray evidence of a recent lumbar fracture.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	numbness tingling, bulging disc seen on MRI done 2014 also showed some stenosis; 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.; heat, ice massage zanaflex, tramadol, rest	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	On physical exam: Diffuse bilateral low back tenderness. Pain radiates to left with SLR on right. Leg pain with SLR on left.  pain down leg, x-ray showed ddd, completed 3 weeks of PT 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	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PAIN IN LOWER BACK AND HIP.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.; SCIATICA AND SCOLIOSIS; The patient does not have new signs or symptoms of bladder or bowel Pain in lower back and lumbar 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.; 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 pain in the right leg; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has none of the above Pain is worsening; This study is being ordered for a neurological disorder.; January 2017; There has been treatment or conservative therapy.; Severe pain in right shoulder, numbness and tingling in lower back; medications	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain is worsening; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Sept 2016; There has been treatment or conservative therapy.; Pt has low pain on the right side; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder,	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	inflammatory or infectious disease, congenital anomaly, or vascular disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >;	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pain radiates down the left leg, raise leg up positive at 20 degrees on left leg 30 degrees on right leg. Difficulty walking on heels and toes, unable to touch her toes.; 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 Pain radiating from neck down to back. Patient has had ongoing back pain since 11.10.2014.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT CAME IN ON 08/23/2017 FOR A COMPLETE PHYSICAL EXAM. COMPLAINS OF LOWER BACK PAIN, HURTS TO BEND OVER OR LIFT ANYTHING. PAIN RADIATES DOWN INTO LEG. PATIENT HAS A CHRONIC COUGH AND EVERY TIME COUGHS AT NIGHT PULLS MUSCLES IN BACK. PATIENT WOULD REA; 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 CAME IN ON 08/23/2017 FOR A COMPLETE PHYSICAL EXAM. COMPLAINS OF LOWER BACK PAIN, HURTS TO BEND OVER OR LIFT ANYTHING. PAIN RADIATES DOWN INTO LEG. PATIENT HAS A CHRONIC COUGH AND EVERY TIME COUGHS AT NIGHT PULLS MUSCLES IN BACK. PATIENT WOULD REA; 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

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient complains of low back pain. Reason for visit: Pain. The discomfort is most prominent in the lower lumbar spine. This radiates to the right buttock and thighs. He characterizes it as constant, moderate in intensity, and dull. This is an acute ; 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.; ; STEROID INJECTION &#x0D;</p>
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General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient had 4-wheeler accident 10 years has had pain lower back since with pain radiating down both 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.; 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.</p>	1
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General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>patient had a normal head ct in may and is still having headaches, patient has a history of lumbar pain , hx of mri may 2016, symptoms are radiating down her lower back into her hips and legs; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 05/17/17; There has been treatment or conservative therapy.; chronic back pain, L/S Radiculopathy, severe headaches; tramadol and tylenol 3 have both been tried; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
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General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient had a normal xray. Patient went through 6 weeks of physical therapy with no improvement. Patient also did additional home stretches and exercises.; 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.; Point tenderness bilateral lumbar spine; 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient had recent injury to back; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has already been dx with spinal stenosis in c-spine region but is having more severe pain lately.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/24/2015; There has been treatment or conservative therapy.; Pt has severe neck pain that will radiate down her back. She has had a MRI that showed spinal stenosis x2yrs ago. 	
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has been taking gabapentin and tramadol prn for the pain. She is being considered for a lumbar epidural steroid injection pending the results of the lumbar spine MRI.; The study requested is a Lumbar	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has been treated with steroids and anti-inflammatory for 2 weeks with no improvement.; The study requested is a Lumbar Spine MRI.; The patient	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has c/o low back pain that goes down her left leg x1 year. Pt states that she saw Dr. Burns in 2012 for her back but nothing was done at that time. Pt denies	
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has chronic 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 constant pain with 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.; 04/06/2015; There has been treatment or conservative therapy.; Back Pain Pain in Pelvis; Medications, Chiropractic, physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET patient has ddd l-spine; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Back Pain Pain in Pelvis; Medications, Chiropractic, physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET patient has ddd l-spine; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has fallen 2 weeks ago due to unsteady gait and pain; This study is being ordered for a neurological disorder.; 08/01/2017 - or Type In Unknown If No Info Given; There has been treatment or conservative therapy.; radiating pain, crepitus, decrease mobility, dull aching throbbing pain, difficulty sleeping, joint instability.; had done the joint 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

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has gait abnormality and numbness in her left leg.; 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.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not	1
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General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had back pain for over one year with no improvement with 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.; Aug 2015; There has been treatment or conservative therapy.; Irregular gait and tenderness/pain to lower back; Patient has been seeing chiropractor for over one year with no 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	1
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General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had back pain since 02/03/2014. She has taken Ultram, Tramadol, NSAIDS; 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.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had two round of conservative treatment, with the first round not relieving symptoms. Patient also has hardware from previous back surgery and the doctor was wanting to see the hardware better with an MRI.; This study is being ordered for trauma or injury.; 05/15/17; There has been treatment or conservative therapy.; tender right hip 	
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has history of fusion in neck and rotator cuff surgery; This study is being ordered for trauma or injury.; 6/22/2017; There has been treatment or conservative therapy.; Patient is having low back pain and neck pain that is radiating into shoulders with numbness and tingling in bilateral arms. Patient states that he is having tingling in his legs while driving and he drives a truck for a living.; Patient given prescription naprosyn and muscle relaxer. Patient given shot of steroid also.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has leg pain and weakness for 3-4 weeks, pain described as burning and shooting; This study is being ordered for a neurological disorder.; 01/04/2017; There has been treatment or conservative therapy.; chronic pain in back and legs, weakness in right leg, increasing pain, since first complaint pain gotten worse and radiates to shoulder and arm; anti inflammatory- Motrin 800mg	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT HAS LOW 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.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT HAS LOWER BACK PAIN AND RADICULOPATHY.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT HAS LOWER BACK PAIN, INTERVERTEBRAL DISC DEGENERATION LUMBAR REGION, AN 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	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has tried hydrocodone and muscle relaxer, not improved.; This study is being ordered for a neurological disorder.; August 20th. 2017; There has not been any treatment or conservative therapy.; constant pain from the base of the spine down both legs, legs are numb.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has tried nsaid and muscle relaxers and is not getting any 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 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 here for evaluation of low back pain. He's had problems with degeneration of the lumbar spine of the last couple of years. He had a discectomy recently in Oklahoma City. He notes the symptoms never truly got better after surgery. He continues to h; 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Musculoskeletal: Positive for arthralgias, back pain, gait problem and myalgias.Lumbar back: He exhibits decreased range of motion and pain.; The patient does	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is being considered for possible Cervical and Lumbar Epidural Steroid Injections based off the results of MRI'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.; Approximately 2014.; There has been treatment or conservative therapy.; Pain is located in the neck and radiates down both arms and the low back radiating down both legs. Pain is characterized as	
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient is having right leg weakness due to the back pain and right hip pain; This study is being ordered for a neurological disorder.; 02/06/2017; There has been treatment or conservative therapy.; right hip pain and low back pain with radiculopathy; physical and home therapy. pain medications along with over the counter. anti inflammatory medications	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient presents complaining of right lower back pain which started 2 months ago. It is continuous pain and rated 8/10. She did take Prednisone 10mg dose pack for 6 days without relief.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic Patient presents for follow-up regarding lower back pain. Reports continued lower back pain with worsening radiation down bilateral legs causing weakness and some unsteadiness. States symptoms initially started after a car accident years ago (2011); repor; The study requested is a Lumbar Spine MRI.; The	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT SAID HORSE FELL ON HIM 3 WEEKS AGO - WENT TO ER DURING WEEKEND WHERE THEY PERFORMED CT SCAN AND GAVE INJECTIONS AND	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient states she has had physical therapy and xrays but did not say what the outcome was of either.; 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	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient states that she is having low back pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient status post MVA, new diagnosis of lumbar radiculopathy.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The Patient was in an accident about 6 months ago.; 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	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient was shot 20 years ago in lower back has job doing manual labor and pain is 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.; ; 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient was treated for 4 weeks	

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient with persistent low back pain. Not responding to pain management treatment including injections and medication. Patient has had previous surgical procedure in August 2016.; 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.; The patient does not have a new foot drop.; There is not x-ray evidence of a recent lumbar fracture.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Please see attached clinicals.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Positive for back pain. Negative for gait problem, joint swelling and neck pain. 	
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Previous fusion with new increasing pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of provide care for pain relief excluding disc or joint disease; This study is being ordered for a neurological disorder.; 6/1/2017 pt had low back pain and upper back pain weakness to lt side with poor reflexes; There has been treatment or conservative therapy.; low back pain wit radiculopathy to lt leg. pain in thoraciac,when	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt fell off of a ladder; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt had an x-ray of the l-spine done on 6/9/2017 that recommended an MRI to be done of the l-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.; It is not known if there is weakness or reflex abnormality.; The patient does not have new signs or symptoms of Pt had CT scans done in November of last year and they showed changed from her prior ones, therefore we are requesting she get MRI's to further examine the changes in her conditions so that we will know how to properly treat her.; This study is being ordered for a neurological disorder.; 11/15/2016; There has been treatment or conservative therapy.; Chronic lumbar Pt had unremarkable plain films; 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	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt had unremarkable plain films; 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	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt had X-ray's of the C-spine & L-spine done on 5/18/2017 that were both abnormal. MRI's are suggested so that we can help to better treat our patient.; This study is being ordered for a neurological disorder.; 10/28/2014; There has been treatment or conservative therapy.; Chronic Lumbar back pain, numbness, weakness Pt has chronic back pain with radiculopathy; further evaluation; 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	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt has completed physical therapy visits.; 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.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has degenerative disc disease w/ bulging disc, back pain that radiates down his leg.; 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 fibromyalgia and is in constant chronic pain all the time.; This study is being ordered for Inflammatory/ Infectious Disease.; 03/15/2016; There has been treatment or conservative therapy.; Chronic pain in both knees. pt has low pain for years and now pain is intense and has not responded to medication and past PT; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Inflammatory/ Infectious Disease.; 03/15/2016; There has been treatment or conservative therapy.; Chronic pain in both knees. pt has low pain for years and now pain is intense and has not responded to medication and past PT; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has shooting pain into Rt hip; decreased ROM while sitting; increasing pain and numbness; has a herniated disc per previous testing; 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has tried muscle relaxers and antinflammmtory meds no change in pain or discomfort.; 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.; having tingling sensation in lower extremies	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has worsening back and leg pain, R/O herniated or bulging disc; 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 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.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt not able to go to work as the pain hasn't gotten any better with mobic,flexeril and tylenol#3. Patient is really worried to go back to work, as he still has lot of back pain going down the right leg. Patient states Tylenol 3 hasn't helped a lot with th; The study Pt says she was seen due to lower back pain that radiates down the leg. says she was prescribed naproxen and muscle relaxers-can't tell that they're doing anything. pt says pain is worse during the evenings and at night. feels like she can't get situated.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt stated cant unable to stand or 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.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has been treatment or conservative therapy.; seizure,; pt had PT and chiropractic care	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt suffers with pain radiating down left leg for back. Have taken medication therapy.; The study requested is a Lumbar Spine MRI.; The patient has acute or	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt. has tried and failed on several medications and has radiating pain in her neck and back that are causing her to NOT function well in her daily 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.; 1/1/2009; There has been treatment or conservative therapy.; Pain radiating from her neck into her arms that also is causing numbness and tingling in her extremities. Pt. also has radiating pain from her back into her lower extremities.; Patient has tried physical therapy with her PCP that did NOT help. Pt. has also tried narcotic medications and over the counter medications that did NOT help. Pt. tried anti-inflammatories but now cannot	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt. having pain in the thoracic area after being diagnosed with scoliosis and having pain in the lumbar area.; This study is being ordered for Congenital Anomaly.; 1/1/2004; There has been treatment or conservative therapy.; Myalgia 729.1 M79.1,  Pt's pain management dr requested that we get MRI's of the pt so that we and them can better treat our pt.; This study is being ordered for something other than:	
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;	
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	r/o left sided 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

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	R06.09; 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	radiating pain down the 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	radiating 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.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	radiculopathy generating to lower extremities with numbness and burning; 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.	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	sciatica and radiculopathy, prev seen in the er, no relief from medications, no fall or trauma; 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Sciatica, He has a history of anterior cervical fusion; 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.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	see attached; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	severe lower back pain, history of Degenerative Disc Disease. Pain for years. Needs imaging to be seen by Pain Management.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She also reports left lateral buttock pain to her left lateral knee. She has an aching pain in her left thigh. There has been no injury. It is worse with sitting. She has tried some topical cream. She is still dealing with a lot of stress and anxiety; 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	SHE HAS NOT HAD AN MRI OF HER BACK OR HER NECK. SHE HAS BEEN TRYING TO JUST DEAL WITH THE PAIN FOR APPROX A YEAR NOW AND IT JUST SEEMS TO BE WORSENING.; This study is being ordered for Inflammatory/ Infectious Disease.; 7/15/2016; There has been treatment or conservative therapy.; SHE HAS EXTREME LOW BACK PAIN AND PAIN IN HER CERVICAL AREA. IT HURTS FOR HER TO BEND DOWN D/T IT	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She has shooting pain down both of her legs and has burning at times.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; since ambetter automatically sends to review anyway, will just fax notes; The study requested is a Lumbar Spine MRI.; Trauma or recent injury; The patient does not have new or changing neurologic signs or	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Submitted on previous page.; This study is being ordered for trauma or injury.; 7/25/17; There has been treatment or conservative therapy.; Pain and tenderness, mostly concerned with L Hip but not sure if	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Suspect mechanical or functional neuroma or endometriosis lesion or anatomic disruption of nerve fibers.	
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Suspected degenerative disc disease with radiculopathy; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The THE PATIENT HAS BACK PAIN WITH RADICULOPATHY DOWN BOTH LEGS. THE PATIENT HAD ESI IN THE PAST AND IT HELPED WITH THE BACK PAIN. TO GET THE ESI AGAIN THE PATIENT WILL NEED AN MRI THAT IS CURRENT.; 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	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has tried heat, analgesics and NSAIDS (IM steroid injection).; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	the patient in undergoing pain management and the pain is getting worse; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	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 seen the doctor more than once for these symptoms.;	
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The physician has directed conservative treatment for	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.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3	13

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.; The patient has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	4
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.; The patient has acute or chronic back pain.; The patient has Neurological deficit(s)	6
				These symptoms are affecting Pt.'s health and well being due to not being able to sleep at night due to the pain as well as her inability to ambulate safely or for any length of time to care for herself or others.; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; Severe pain across lower back not relieved by rest or changing body position. Burning sensation to lower back that radiates to right hip and down right leg. Numbness down right leg that sometimes causes difficulty in ambulation.; Pt. was given handout of exercises to do at home from our provider. Pt. has also taken Gabapentin for 1 year, Hydrocodone for 1 year, Naproxen 500 mg for 1 year, and a Methylprednisone 4 mg dose pack in April of 2017. These have provided minimal relief an	
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is not for an injury as previously stated. Has been seeing a chiropractor; This study is being ordered for trauma or injury.; May 2017; There has been treatment or conservative therapy.; pain; x ray showing minimal	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This study is being ordered for Pt.'s continued back pain and weakness to both legs with tingling in toes of both feet.; 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. has weakness to both legs that comes and goes.; The patient does not have new signs or	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	TIENT NAME:TAYLOR B HOGUE Tingling, numbness in left leg and increased 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	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Tired of his back pain. Has been to pain management and does not want to be on these meds forever. Local NSGY states there is nothing he can do for him. Has called Spine Institute and they reviewed his last MRI. To evaluate the posterior fusions @ L5-S1 from previous surgeries causing her current pain; This study is being ordered for a neurological disorder.; Patient has had 2 previous back surgeries. Pain has been getting worse within last month. xray shows posterior fusions @ L5-S1; There has been treatment or conservative therapy.; Pain to right shoulder/neck that radiates down arm. Lumbar pain with radiculopathy;	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient sees pain management specialist Dr. Trauma/Injury, 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 reflex abnormality.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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 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 not seen the doctor more then	
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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 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	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	once for these symptoms.; The physician has not	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.; Bilateral leg pain with weakness, they don't feel as strong; The patient does not have new signs or symptoms of bladder or bowel	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.; patient has both legs numbness and tingling; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.; Patient unable to bend her legs	
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.; weakness in left hip, burning running down left leg; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.; weakness on the left side and decreased ROM; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.; weakness with standing; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.; It is not 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.; 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	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.; 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	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.; 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	2
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	It is unknown if the patient has acute or chronic back pain.; This procedure is being requested for None of	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; 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.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not unknown; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; 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.; other medications as listed.; The patient has not completed 6 weeks or unknown; This study is being ordered for a neurological disorder.; JUNE 2, 2017; There has been treatment or conservative therapy.; Pain that prevents the patient from participating in normal activities of unknown; This study is being ordered for a neurological disorder.; unknown; There has not been any treatment or conservative therapy.; She is experiencing decreases mobility, difficulty going to sleep, joint pain, leg numbness, limping, stiffness, tenderness, tingling, and weakness.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The	6
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

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 Congenital Anomaly.; 08/03/2017; There has been treatment or conservative therapy.; NECK AND BACK PAIN, JOINT STIFFNESS, LEG NUMBNESS AND WEAKNESS, DECREASED RANGE OF MOTION IN NECK; 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	1
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 Inflammatory/ Infectious Disease.; 02/03/2017; There has been treatment or conservative therapy.; pain, stiffness, muscle spasms, tenderness; medications unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 8/10/2017; There has not been any treatment or conservative therapy.; Intense pain and swelling Left 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	1
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.; 01/20/2017; There has been treatment or conservative therapy.; chronic pain head radiating though lumbar back, with sciatica bi-lateral; medicine, PT, 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

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.; 03/18/2015; There has been treatment or conservative therapy.; LOWER BACK AND NECK PAIN; PHYSICAL THERAPY AND MEDICATIONS 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.; 7/12/17; There has been treatment or conservative therapy.; Thoracic back pain, low back pain; x ray; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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.; 8/3/17; There has been treatment or 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.; February 2017; There has been treatment or 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.; three months ago; There has not been any	1
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.; 7/12/17; There has been treatment or conservative therapy.; Thoracic back pain, low back pain; x ray; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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.; 8/3/17; There has been treatment or 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.; February 2017; There has been treatment or 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.; three months ago; There has not been any	1
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.; 8/3/17; There has been treatment or 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.; February 2017; There has been treatment or 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.; three months ago; There has not been any	1
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.; three months ago; There has not been any	1

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.; unknown; It is not known if there has been Uploading document; This study is 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 Uploading Documents; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; Pain In Back	1
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.; Unknown; It is not known if there has been any treatment or conservative Uploading Documents; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; Pain In Back	1
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.; Unknown; It is not known if there has been any treatment or conservative Uploading Documents; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; Pain In Back	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	We would like to make sure that patients hardware from previous surgery has not moved or other changes have appeared since last MRI and 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 weakness.; Patient was seen in clinic on 9/20/17 and has a hx of ddd, she is having increased lumbar pain with radiculopathy. She is having increased weakness with bil legs, patient has had lumbar surgery in the past.; 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

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Went to ER on 07/01/2017; had XR, steroid injection; 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.; 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.; Will fax.; 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Will Upload Documents; 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 To 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

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Worsening back pain after 6+ weeks of home exercises 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 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.; Patient began medication and home exercises on 05/18/2017 with worsening of symptoms. At times so severe can hardly get out of bed.	1
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Worsening symptoms in the last year with h/o DDD.; This study is being ordered for a neurological disorder.; 5-2014; There has been treatment or conservative therapy.; Neck pain and lower back pain and lower back pain radiates to the legs.; She has seen pain management 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	1

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	X-ray of the cervical, thoracic, and lumbar spine have been performed, and the results showed mild degenerative disc 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.; July 21,2017; There has been treatment or conservative therapy.; Patient has been having back pain and new onset daily persistent headache.; Patient has had medication 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
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	X-Ray recommendations for MRI of Lumbar spine and MRI of left hip; This study is being ordered for trauma or injury.; She was seen in clinic on 3/16/2017 for hip pain x-ray as below and she was referred to PT. States the pain in the help was not improving. 

General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	xray showed an osteophyte c6-5, patient symptoms are 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.; 08/29/2017; There has been treatment or conservative therapy.; neck pain radiating in to arms and shoulders, causing stiffness, and back pain radiating in to legs and feet causing pain and weakness; mobic, tylenol 3	
General/Family Practice	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	X-rays 	
General/Family Practice	Disapproval	72159 MRA, MRI ANGIOGRAPHY SPINAL CANAL & CONTENTS WITH / WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a spinal canal/contents MR Angiography.	1
General/Family Practice	Disapproval	72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a pelvis CT angiography. < Enter answer here - or Type In Unknown If No Info Given. >; 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	1
General/Family Practice	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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 NO active, clinical findings or endoscopic findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "There are no radiographical or ultrasound findings consistent with abnormal fluid collection, pelvic abscess, pelvic inflammation or	1
General/Family Practice	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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 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	3
General/Family Practice	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; 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	1
General/Family Practice	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Abnormal Xray of the Pelvis shows loss of Lordosis. there are small shadows of unknown determination on the xray scattered through out the pelvic region.; 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	3
General/Family Practice	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	left hip pain radiating down left leg unresponsive to medication therapy; This study is being ordered for trauma or injury.; initial onset 7-15-17 while lifting her son; There has been treatment or conservative therapy.; left hip pain radiating down to left knee with weightbearing or ROM; meloxicam and tramadol Pain in left hip and keeps getting worse. Arthralgia of the pelvis hip femur.; 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	1
General/Family Practice	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
General/Family Practice	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain in lower back, worse when bladder is full.; 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.; 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	1
General/Family Practice	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has left hip pain for several days.; 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	1
General/Family Practice	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Previous imaging requires further study; 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	1

General/Family Practice	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She had multiple air-fluid levels seen on an upright abdomen with diffuse abdominal distention, diffuse abdominal tenderness to palpation. She has had abdominal surgery in the past. We will order a CT scan of her abdomen. Depending on these results, she w; 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	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 9/12/17; There has been treatment or conservative therapy.; lower back pain and abdominal 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 < 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 been	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	In Unknown If No Info Given >; There has been	1

				< 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.; 6/28/2017; There has been treatment or conservative therapy.; pain,; pain specialist; One of the studies being ordered is NOT a Breast MRI, CT	
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2mo; There has been treatment or conservative	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; hx of degenerative disease; This study is being ordered for something other than: known trauma or injury,	3
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6-28-17; There has been mbr has pain in left inguinal, medication was given for pain, steroid and anti inflammatory injections, normal x	
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	ray, pain is spreading to the right; This is a request for a Pelvis MRI.; The request is not for any of the listed	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	pain in tailbone area worsening with prolonged sitting and long car-rides.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Patient has a history of pelvic pain and DUB. Had a pelvic US on 8/09/17 with non-visualization of the ovaries. Further studies recommended.; This is a request for a Pelvis MRI.; The request is not for any of	1

General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Patient has constant pain with 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.; 04/06/2015; There has been treatment or conservative therapy.; Back Pain Pain in Pelvis; Medications, Chiropractic, physical therapy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	unknown; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Inflammatory/ Infectious Disease.; DAILY SINCE BEGINNING OF FEBRUARY 2017; There has been treatment or conservative therapy.; Daily abd/pelvic pain that patient describes as gnawing and throbbing.;	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	x-rays showed 7/24/2017 Soft tissue was noted, inferior Ischium Mile calcification.; This is a request for a Pelvis MRI.; The request is not for any of the listed	1
General/Family Practice	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	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.;	1
General/Family Practice	Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	There is not suspicion of upper extremity bone or joint	4

General/Family Practice	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	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.; 08/10/2017; There has not been any treatment or conservative therapy.; Pain and numbness in the arm. Patient has trouble lifting and using the limb.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
General/Family Practice	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for trauma or injury.; 6/15/2017; There has been treatment or conservative therapy.; Pain left shoulder, restricted range of motion; 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	1
General/Family Practice	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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	4
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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.; It is not known if the patient has completed 6 weeks or more of	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Given. >; The requested study is a Shoulder MRI.; The pain is described as chronic; The request is for shoulder pain.; The physician has not directed	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< 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 arthrscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon,	3
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	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.; < 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	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	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.; 07/28/2016; There has been treatment or conservative therapy.; CHRONIC PAIN, HEADACHE, RADIATES TO SHOULDER, PAIN CONTINUES TO RIGHT LEG SCIATICA; SUPERVISED HOME EX, CT, XRAY, MEDICATIONS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	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.; 08/01/2017; There has been treatment or conservative therapy.; pain radiating to	2
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	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.; 04/01/2017; There has been treatment or	2
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	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.; 05/25/2017; There has been treatment or conservative therapy.; chronic left shoulder pain radiating to neck and bp; pain medication ,injections ,sling , steroid treatment muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	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.; 4/26/2017; There has been treatment or conservative therapy.; The pt has DJD & Scaphoid disruption.; Xrays & other physician treatments	2

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	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.; 6/2017; There has been treatment or	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	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.; 7/31/17; There has not been any treatment or conservative therapy.; Patient has pulmonary nodules, nausea , abdominal pain, tenderness, urinary tract infection with out hematuria,.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	< 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 not been any treatment or conservative therapy.; Chronic pain	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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.; <	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 06/16/2017; There has been treatment or conservative therapy.; pain in joints of wrist, dx with < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2015; There has been treatment or conservative therapy.; CHRONIC PAIN, NUMBNESS;	2
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	NSAIDS, SUPERVISED HOME EXER; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 6/21/2017; There has been treatment or conservative therapy.; pain top of both shoulders;	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	muscle relaxants, 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 ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	2
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	CT/MRI. ; The pain is described as chronic; It is not known if 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 ; The pain is from a recent injury.; Surgery or	2
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	arthrscopy 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	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary		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 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.; ; 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 pain is described as chronic; The request is for shoulder pain.; The physician has not directed conservative treatment	3
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	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 not 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	; This study is being ordered for a neurological disorder.; 1991, 2001; There has been treatment or conservative therapy.; mid lower back pain. right shoulder pain with tingling and numbness; physical therapy 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	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.; 08/10/2017; There has not been any treatment or conservative therapy.; Pain and numbness in the arm. Patient has trouble lifting and using the limb.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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 trauma or injury.; ; 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	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 11/2016; There has not been any treatment or conservative therapy.; Pain in neck and shoulder since fall.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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 trauma or injury.; SHOULDER -SEPTEMBER 6, 2017	
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Cervical lordotic curvature is straightened. There is	
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	inability to move left shoulder with pain and tenderness in upper left arm and ant left shoulder and deltoid	
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Left shoulder pain began after doing a lot of digging.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthrscopy 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.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for trauma or injury.; 08/24/2017; There has not been any treatment or conservative therapy.; limited of 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	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	None; This study is being ordered for trauma or injury.; 6/15/2017; There has been treatment or conservative therapy.; Pain left shoulder, restricted range of motion; Pain is worsening; This study is being ordered for a neurological disorder.; January 2017; There has been treatment or conservative therapy.; Severe pain in right shoulder, numbness and tingling in lower back; medications	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	patient experiencing stiffness and tingling; 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	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Patient had right shoulder surgery 18 months ago after a MVA. He has not been released to RTW by his surgeon, who told him it will be another 6 months before he is released to RTW. He wants to go back to work. He is pain free, has full use of his righ; The requested study is a Shoulder MRI.; The study is not requested for any of the standard indications for Knee MRI; The study is not requested for shoulder pain.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Patient has been taking antibiotics w/o improvement; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthrscopy 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	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Patient has decreased extension with little improvement after doing physical therapy. Patient has decreased ROM.; 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	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Patient has decreased rom, extension. Unable to raise above shoulder. Numbness goes down 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 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	patient has had pain and bumps under arm pit radiating into the right shoulder, since March 2017; 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.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	patient has had shoulder pain for 12 days with no relief; 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.	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Patient is having left elbow and left shoulder pain, patient is having decreased range of motion and increased pain. Patient has been doing at home exercises and physical therapy with no results.; 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	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Patient was doing a push up and felt a grinding sensation in his shoulder which caused a great deal of pain.; 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	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Problem has not changed and is getting worst. She is having decreased mobility, muscle spasms, weaknesses, and difficulty sleeping.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Around 05/08/2017; There has been treatment or conservative therapy.; Pain; Patient was given Gabapentin. She was also referred to a neurologist.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	pt did have a fall and has had pain in the right shoulder for 2 months. she has limited rom.; 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	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	pt has had trouble with her right shoulder for 2 years. she had an xray that was negative. she has taken otc ibuprofen and tylenol for pain as well as some PROM exercises at home. It is not relieving the pain.; 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 Pt hit by a car; This study is being ordered for trauma or injury.; 8-18-2017; There has not been any treatment or conservative therapy.; aching, throbbing, stabbing and entire back pain with any type of movement makes it 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 Pt's problem is worsening over the past three weeks, Dr suspects tear in 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.;	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	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 Right shoulder pain; probable rotator cuff tear.; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.;	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary Radiology Services	Right shoulder weakness s/p ATV accident.; 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	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	shooting throbbing pain radiates from neck and arm numbness in fingers	
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	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, The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative The requested study is a Shoulder MRI.; "The caller indicated the study was not ordered for: Known or	2
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative evaluation."; /o rt shoulder pain. mod/stable/present	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 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."; FALL 2 WEEKS AGO	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 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."; Increasing pain on his R shoulder in the 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.";	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 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."; Location: bilateral; left worse than right	
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	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."; New onset of shoulder pain	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 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 states his left shoulder is still bothering him. Pt states the steroids helped with wrist pain, but not much with shoulder. Pt states he reached for door and heard a "pop". Pt states he started having sharp left shoulder pains.	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 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."; R/O joint effusion	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 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,	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 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,	1
General/Family Practice	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.; It is not known if the patient has completed and failed a course	1
General/Family Practice	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.; It is not known if the patient has completed and failed a course of conservative treatment.; < Enter answer here - or	1
General/Family Practice	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.; It is not known if the patient has completed and failed a course of conservative treatment.; 3 months (intermittent at first); worse past 3 weeks, did get a shot and topical gel, limited ROM (L shoulder to abduction past 90 deg)	1
General/Family Practice	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.; It is not known if the patient has completed and failed a course of conservative treatment.; cannot move her arm very high, stiffness. Tingling in fingers and hand, has had increasing pain in left shoulder	1

General/Family Practice	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.; It is not known if the patient has completed and failed a course of conservative treatment.; Patient reports falling 2-3 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.; It is not known if there are documented findings of swelling.; The ordering physician is not an orthopedist.; ; The patient is NOT experiencing joint locking or instability.; It is not	1
General/Family Practice	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 not completed and failed a course of conservative treatment of at least 4 weeks.;	3
General/Family Practice	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 not completed and failed a course of conservative treatment of at least 4 weeks.; Electrocutated right shoulder tried pulling away cannot lay on it no range of motion, unable to lift over his shoulder, chronic pain,	1
General/Family Practice	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 not completed and failed a course of conservative treatment of at least 4 weeks.; left shoulder pain, radiates to left deltoid-worse with rotation/abduction.	1
General/Family Practice	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 not completed and failed a course of conservative treatment of at least 4 weeks.; Member has had anti-inflammatory medication.	1

General/Family Practice	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 not completed and failed a course of conservative treatment of at least 4 weeks.; pain stated after accident	1
General/Family Practice	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 not completed and failed a course of conservative treatment of at least 4 weeks.; patient has chronic shoulder pain, with loss of ROM. He has taken prescribed anti-inflammatory medications since May 2017, however pain is increasing.	1
General/Family Practice	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 not completed and failed a course of conservative treatment of at least 4 weeks.; Patient has known injury to shoulder joint suspected non-bony injury, therefore MRI needed for diagnosis.	1
General/Family Practice	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 not completed and failed a course of conservative treatment of at least 4 weeks.; Patient to be evaluated for shoulder pain. He complains of left shoulder pain. The location of the pain is deep.	1
General/Family Practice	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 not completed and failed a course of conservative treatment of at least 4 weeks.; PT had a fall on 8/9/17 while admitted at Wadley hospital and hurt right shoulder. Ov from 9/1/17 and hospital notes will be	1

General/Family Practice	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 not completed and failed a course of conservative treatment of at least 4 weeks.; Pt has decrease ROM, pain w/ movement, nothing helps and has gotten	1
General/Family Practice	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 not completed and failed a course of conservative treatment of at least 4 weeks.; pt has fallen 25 feet hurt shoulder and neck	1
General/Family Practice	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 not completed and failed a course of conservative treatment of at least 4 weeks.; PT has pain in shoulder was seen At Healthcare Express on 9/9/17 PT has pain, numbness/tingling/ joint pain muscle pain and swelling/ Had xray done all WNL. was given injection of	1
General/Family Practice	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 not completed and failed a course of conservative treatment of at least 4 weeks.; pt states can raise arm, shoulder pain.	1
General/Family Practice	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 not completed and failed a course of conservative treatment of at least 4 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.; 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.;	1

General/Family Practice	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 not completed and failed a course of conservative treatment of at least 4 weeks.; XRAY OF SHOULDER SUGGEST POSSIBLE MUSCLE TEAR BASED ON MALALIGNMENT	1
General/Family Practice	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 trauma within past 72 hours.; It is not known if the patient has had recent plain films of the	
General/Family Practice	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 trauma within past 72 hours.; The patient has not had recent plain films of the shoulder.;	2
General/Family Practice	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 trauma within past 72 hours.; The patient has not had recent plain films of the shoulder.; acute pain in right shoulder	1
General/Family Practice	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 trauma within past 72 hours.; The patient has not had recent plain films of the shoulder.; she was helping move a 305lb china hutch that caused injury to right shoulder she is unable to lift are higher	1
General/Family Practice	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 trauma within past 72 hours.; The patient has not had recent plain films of the shoulder.; UNKNOWN	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; Study is being ordered for known/suspected joint infection.; It is not known if the patient has had a recent bone scan.; The patient has not had a recent ultrasound of the shoulder.; The results of the plain films is not known.; There are documented physical or laboratory findings of a joint infection.; The patient has not had a recent CT of the shoulder.	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 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 conservative treatment.; 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 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	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	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 not experienced pain for greater than six	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	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 not experienced pain for greater than six	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>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 not experienced pain for greater than six weeks.; The patient has not been</p> <p>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-</p>	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>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-</p> <p>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</p>	3
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>This is a request for an upper extremity joint MRI.; 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</p>	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	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-	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	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 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 advised to do some stretches and exercises with shoulder at home for 2 weeks and pain did not improve it was worse.; The patient received oral analgesics.	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	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.	1

General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for trauma or injury.; 08/26/2017; There has been treatment or conservative therapy.; chronic pain, neck pain that radiates down right arm ,; steroids, 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 Unknown; This study is being ordered for trauma or injury.; 3 months ago; It is not known if there has been any treatment or conservative therapy.; right knee pain wrist pain tha she has had for the last month She has been in a brace and she has had no relief, left wrist pain with decreased rom and strength, continues to have pain and decreased rom as well as strength; The pain is described as chronic; It is not known if the member has failed a 4 week course of conservative XR shoulder today does not show any obvious abnormality. Will schedule MRI for further evaluation and referral to orthopedist if indicated.; This study is 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
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	any treatment or conservative therapy.; right knee pain wrist pain tha she has had for the last month She has been in a brace and she has had no relief, left wrist pain with decreased rom and strength, continues to have pain and decreased rom as well as strength; The pain is described as chronic; It is not known if the member has failed a 4 week course of conservative XR shoulder today does not show any obvious abnormality. Will schedule MRI for further evaluation and referral to orthopedist if indicated.; This study is 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
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;	1
General/Family Practice	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;	1
General/Family Practice	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;	1

General/Family Practice	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>suspected Lymphedema, also known as lymphoedema and lymphatic edema, is a condition of localized fluid retention and tissue swelling caused by a compromised lymphatic; This study is being ordered for Vascular Disease.; 10/01/2016; There has been treatment or conservative therapy.; bilateral leg swelling Patient also with c/o swelling to bilateral ankles for the past couple years which is worse when working out. Patient states she follows a low sodium diet and doesn't drink</p> <p>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 not been treated with anti-inflammatory</p>	2
General/Family Practice	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>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 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 been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory</p>	2
General/Family Practice	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>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 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 been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory</p>	1

General/Family Practice	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	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 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 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 has a documented limitation of their range of motion.; The	1
General/Family Practice	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	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 < Enter answer here - or Type In Unknown If No Info Given. >; 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 supsected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected < Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; The	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	patient had recent plain films of the knee.; The results of the plain films is not known.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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,supsected tumor or Aseptic	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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 know if surgery or arthroscopy is scheduled in the next 4 weeks.; It is not	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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 < Enter answer here - or Type In Unknown If No Info Given. >; 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	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Given. >; 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 < Enter answer here - or Type In Unknown If No Info Given. >; 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	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	The study is requested for ankle pain.; There is a < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 7/22/2017; There has been treatment or conservative therapy.; mbr has pain in knee joints; 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	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary		2

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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 >; It is not known if < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something	4
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something	
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/26/2017; There has been treatment or < Enter answer here - or Type In Unknown If No Info	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Given. >; This study is being ordered for trauma or injury.; 07/01/2017; There has not been any treatment < Enter answer here - or Type In Unknown If No Info	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Given. >; This study is being ordered for trauma or injury.; 12/17/16; There has been treatment or conservative therapy.; feels like his nail on knee when	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 8/16/17; There has not been any treatment or	2

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	<p>; 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?;</p> <p>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.; traMADol 50 mg tablet. 1 tablet by Oral route every 6 hours. &#x0D;</p> <p>; 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?;</p> <p>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</p>	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	<p>; 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?;</p> <p>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.</p>	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	<p>; 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</p>	2

General/Family Practice	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	3
General/Family Practice	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 an old injury.; The physician has not directed conservative	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; 7/1/17; It is not known if there has been any treatment or conservative therapy.; left leg	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.;	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.;; There has been treatment or conservative therapy.;;	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	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	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	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., L4 point tenderness with tapping causing shooting electric pains in; This is a request for a Knee MRI.; The study is requested for	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Bilateral knee 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.; Positive for arthralgia's (knee); There has been treatment or conservative therapy.; Bilateral knee pain; Patient has been taking Diclofenec with no improvement	2

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Chronic knee pain after injury 5 months ago; 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; No, patient has not Chronic 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.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Concerning knee pain, the affected area is the right knee. His pain is anterior and the lower part of his knee. Pt states that he always has pain in his knee, but this is a new pain. This is a new patient visit for knee pain. Pain began 1 1/2 weeks ago.; 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
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Continued pain bilateral knees even after medication therapy and activity modification.; This study is 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 Knee several year history of pain and swelling in her right knee. History of knee problem as teenager which required arthroscopic surgery	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	continues to have foot pain and swelling on the right foot. She can only wear a certain pair of sandals. She has had an xray at Ozark Orthopedics that was reportedly negative; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; No treatments are underway or completed.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Continuous left knee 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.; Non-acute Chronic Pain; Pain greater than 3 days	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Fell playing basketball, could be a ligament tear; This study is being ordered for trauma or injury.; 8/20/17; There has been treatment or conservative therapy.; Pain, swelling, unable to move his ankle; X ray, anti inflammatory, swelling and more 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	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	follow-up to acute injury. patient fell 6/29/17. patient still no better; This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is has bone disorder, type 1 diabetic; This study is 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	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary		2

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Knee Pain: pain has been ongoing he has pain with ROM and if he stit still for a long oeriod of time. At times he has locking clipping crepitus of the right	
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Knee Sprain  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.;	
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	The pain is from a recent injury.;	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	There is a suspicion of a meniscus, tendon, or ligament injury.;	
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Surgery or Left Knee Pain; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.;	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	The ordering physician is not an orthopedist.;	
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Non-acute Chronic Pain; Pain greater than 3 days; No, patient has left knee pain; This is a request for a Knee MRI.; The study is requested for knee pain.;	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	The pain is described as chronic; The physician has not directed conservative treatment for the past 6 weeks.	
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	march 24th, right knee swelling, knee patilla was cracked years ago, cant walk. x ray came back negative.;	
General/Family Practice	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.;	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	The pain is not from a recent injury, old injury, chronic pain or a mass.	

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	meniscus knee 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 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.; 4 weeks of home treatments with no improvement; The patient received oral analgesics.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	MRI needed to rule out meniscal injury because patient continues to have 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.; 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.; 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	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	none.; This study is being ordered for trauma or injury.; June 27, 17; There has not been any treatment or conservative therapy.; knee buckling, severe lower back pain	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	On several occasions she has been adamant about seeding more aggressive pain control. We did not feel comfortable continuing to prescribe escalating doses of narcotics from our office so we referred her to pain management and she has not been seen for rea; 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 supsected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Pain for 3+ months	
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Pain in right foot (M79.671). patient fell while going up stairs and hit knee 6 weeks ago - pain is getting very intense and still swells at times; 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 arthrscopy is not scheduled in the next 4 weeks.	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient has an old injury from years ago. Tenderness on palpation of the knee He has tenderness over the medial and lateral right knee. He has full range of motion of the knee with some crepitus on full flexion.; 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
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	patient has had motor weaknesses and tingling. She has seen Dr. Coker a year ago and he prescribed her Gabapentin. Did not work and wants to try something else.; 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	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient has had sharp knee pains x 1 month.; 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.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	patient has left knee tendonitis; 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	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	PATIENT PRESENTS TO CLINIC WITH LEFT KNEE PAIN AND SWELLING.; 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,	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	<p>Patient reports his left knee has been swelling and very painful. Patient report he has been having trouble with his knee since 2002. Patient had a mri done in 2006 while incarcerated and was told it was arthritis.; 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.</p> <p>Patient states that ER x-ray shows no fracture but continues to have swelling and pain so we would like to rule out ligament injury or internal derangement.; 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.</p>	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	<p>Patient was recently in a motor vehicle accident and patient injured right ankle in accident. Patient came in for a follow up and states that right ankle still causes pain and is swelling despite wearing her ankle brace.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The</p>	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	<p>Patient would like to know what is causing her pain to pop and hurt.; 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.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; tylenol&#x0D;</p>	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Provider is concerned with ligament tear, pt is in considerable pain and there is bruising and swelling.; This study is being ordered for trauma or injury.; Wednesday July 12th,2017; There has not been any	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	pt fell 2 wks ago went to er had dislocation of patella still swelling and severe pain being referred to ortho doctor; 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 arthrscopy is not scheduled in the next 4 weeks.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Pt has fibromyalgia and is in constant chronic pain all the time.; This study is being ordered for Inflammatory/ Infectious Disease.; 03/15/2016; There has been treatment or conservative therapy.; Chronic pain in both knees.	
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Pt has had foot pain x 6 months with no relief. She has been on OTC anti-inflammatory medications with no relief. Painful to walk; 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.	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Pt has severe chronic pain in the Rt knee; has done home exercise but no medication; has arthritis from knee surgery 7 years ago.; 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 not 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 not include exercise, prescription medication and follow-up office visits.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Pt. has tibial tendon dysfunction-normal x-ray.; 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.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Pt's pain management dr requested that we get MRI's of the pt so that we and them can better treat our 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.; 03/30/2017; There has been treatment or conservative therapy.; Chronic neck pain	

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	R knee and hip pain - XR's were neg. R knee locks up on her for the past 3-4mos. Did fall on it before this happened. Some popping sounds. Started on Mobic and not helping much.; 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.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	r/o meniscal 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 Same as before patient has venous ulcer right ankle.; This study is being ordered for trauma or injury.; Patient has a wound on right ankle medial.; There has been treatment or conservative therapy.; Patient has venous ulcer right ankle medial, non pressure chronic ulcer right ankle.; Patient is receiving wound care.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	She has swelling in the knee, soreness and sharp pain at times; 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
General/Family Practice	Disapproval	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.; 6-28-17; There has been treatment or The patient has a hard time walking because the knee gives out on him and he almost falls.; 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	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	<p>The patient is in alot of pain and would like to know why she hurts. The pain affects her ADL's; 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.; Heat and Ice Therapy &#x0D;</p> <p>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</p>
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	

General/Family Practice	Disapproval	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.	1
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General/Family Practice	Disapproval	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 has a documented limitation of their range of motion.	2
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General/Family Practice	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 ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	1
General/Family Practice	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 ordering physician is not an orthopedist.; There are documented physical or laboratory findings of a joint infection.; Post-operative Evaluation	1
General/Family Practice	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 ordering physician is not an orthopedist.; There are no documented physical or laboratory findings of a joint infection.; There are no documented physical or plain film findings of delayed or failed healing.; There are no documented physical or plain film findings of prosthetic device dislocation.; Status post knee surgery x 4 months ago. Injury to knee last night. Positive swelling, limited ROM, positive popping and clicking. Obtaining MRI prior to orthopedic surgeon follow up next week.; Post-operative Evaluation	1
General/Family Practice	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 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	1
General/Family Practice	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 an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	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.	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	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.	16
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	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.; 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 not been treated with anti-inflammatory	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary		2

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	this is recurrent. Reinjured left ankle multiple times in the past 5 years. Seen is ED, ankle x-ray negative; 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-Toe injury, right, subsequent encounter; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; Tylenol, swelling, negative x ray; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; No treatments are Unknown; 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 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 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 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	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary		2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 8/10/2017; There has not been any treatment or conservative therapy.; Intense pain and swelling Left 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	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN 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.; over five years ago - exact date unknown; It is not known if there has been any treatment or conservative therapy.; Bilateral worsening knee pain. Painful when standing after prolonged sitting and in the mornings. No locking or giving way. Previous MRI from approximately five years ago show pretty much bone on bone.; One of the studies being ordered is	2
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury.; 3 months ago; It is not known if there has been any treatment or conservative therapy.; right knee pain	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury.; One month ago; There has been treatment or conservative therapy.; Thigh(right) pain/swelling s/p Unspecified injury of left lower leg, initial encounter;	
General/Family Practice	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	1

General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Very tender to palpation. Xray on 8/16/17 showed soft tissue edema. Prescribed NSAID, prednisone dosepack, Tramadol and knee brace with home exercises. Painful with ROM and palpation, swelling still noted, unable to bear full weight on right knee.; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from a recent xray indicates a ligament injury cant be ruled out; This study is being ordered for trauma or injury.; 06/20/17;	1
General/Family Practice	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; Swelling and pain; Ibuprofen, Tylenol with codiene, < Enter answer here - or Type In Unknown If No Info Given. >;	2
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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. < 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 >; It is not known if < Enter answer here - or Type In Unknown If No Info Given. >;	1
General/Family Practice	Disapproval	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 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 >;	4
General/Family Practice	Disapproval	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2 weeks; There has been treatment or < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 8/2/2017; There has been treatment or conservative therapy.; mbr has pain and weakness; 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	2
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/01/17; There has been treatment or conservative	
General/Family Practice	Disapproval	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 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.; Concerning neck pain, the location of discomfort is on the left side. It radiates to the shoulders, arms, and lower arm and hand and fingers. 4 months after mva bilat hip pain. popping and tenderness. xrays unremarkable; This study is being ordered for trauma or injury.; patient has persistent pain in both hips from mva 4 months ago. doctor would like a mri of bilat hips; There has been treatment or conservative therapy.; left and right hip pain. popping and chronic pain 4 months after mva; hydrocodone 5MG-325MG oral; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy,	2
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Sept 2016; There has been treatment or conservative therapy.; Pt has low	1

General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	Patient has fallen 2 weeks ago due to unsteady gait and pain; This study is being ordered for a neurological disorder.; 08/01/2017 - or Type In Unknown If No Info Given; There has been treatment or conservative therapy.; radiating pain, crepitus, decrease mobility, dull aching throbbing pain, difficulty sleeping, joint instability.; had done the joint injection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	Patient has had two round of conservative treatment, with the first round not relieving symptoms. Patient also has hardware from previous back surgery and the doctor was wanting to see the hardware better with an MRI.; This study is being ordered for trauma or injury.; patient is having right leg weakness due to the back pain and right hip pain; This study is being ordered for a neurological disorder.; 02/06/2017; There has been treatment or conservative therapy.; right hip pain and low back pain with radiculopathy; physical and home pt has increased urinary frequency pt cannot do daily activities because of pain meds and therapy not helping pain getting worse; This study is being ordered for a neurological disorder.; 03/23/17; There has been treatment or conservative therapy.; hip pain back pain pain down legs can't do job as an aide without cane	1
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	Submitted on previous page.; This study is being ordered for trauma or injury.; 7/25/17; There has been treatment or conservative therapy.; Pain and tenderness, mostly concerned with L Hip but not sure if	1

General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	<p>These symptoms are affecting Pt.'s health and well being due to not being able to sleep at night due to the pain as well as her inability to ambulate safely or for any length of time to care for herself or others.; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; Severe pain across lower back not relieved by rest or changing body position. Burning sensation to lower back that radiates to right hip and down right leg. Numbness down right leg that sometimes causes difficulty in ambulation.; Pt. was given handout of exercises to do at home from our provider. Pt. has also taken Gabapentin for 1 year, Hydrocodone for 1 year, Naproxen 500 mg for 1 year, and a Methylprednisone 4 mg dose pack in April of 2017. These have provided minimal relief an</p> <p>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 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 not been treated with</p>	1
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	<p>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 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 not been treated with</p>	1

General/Family Practice

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 does not have a documented limitation of their range of motion.

General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	<p>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.</p>	5
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	<p>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 not been treated with</p>	2

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 a neurological disorder.; 7/10/17; There has been treatment or conservative therapy.; Bilateral hip pain; Patient has been taking muscle relaxers and pain medication and pain is not better.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The unknown; This study is being ordered for a neurological disorder.; unknown; There has not been any treatment or conservative therapy.; She is experiencing decreases mobility, difficulty going to sleep, joint pain, leg numbness, limping, stiffness, tenderness, tingling, and weakness.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The 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.; February 2017; There has been treatment or X-Ray recommendations for MRI of Lumbar spine and MRI of left hip; This study is being ordered for trauma or injury.; She was seen in clinic on 3/16/2017 for hip pain x-ray as below and she was referred to PT. States < 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	2
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The 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.; February 2017; There has been treatment or X-Ray recommendations for MRI of Lumbar spine and MRI of left hip; This study is being ordered for trauma or injury.; She was seen in clinic on 3/16/2017 for hip pain x-ray as below and she was referred to PT. States < 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	1
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The 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.; February 2017; There has been treatment or X-Ray recommendations for MRI of Lumbar spine and MRI of left hip; This study is being ordered for trauma or injury.; She was seen in clinic on 3/16/2017 for hip pain x-ray as below and she was referred to PT. States < 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	2
General/Family Practice	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The 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.; February 2017; There has been treatment or X-Ray recommendations for MRI of Lumbar spine and MRI of left hip; This study is being ordered for trauma or injury.; She was seen in clinic on 3/16/2017 for hip pain x-ray as below and she was referred to PT. States < 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	2
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The 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.; February 2017; There has been treatment or X-Ray recommendations for MRI of Lumbar spine and MRI of left hip; This study is being ordered for trauma or injury.; She was seen in clinic on 3/16/2017 for hip pain x-ray as below and she was referred to PT. States < 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	1

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	1
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 another reason besides	
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 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	1
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 study is being ordered for Inflammatory/ Infectious Disease.; March 2017; There has not been any treatment or conservative therapy.; fever, soft tissue 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	1

General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; 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	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 	
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; 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	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Abdominal Pain	

General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Abdominal Pain, RLQ, aching; fullness, he was told in China that he has bleeding in his colon; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 	
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Caller is bypassing the questions and will fax in clinical; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 	
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	constant abdominal pain; 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	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Diagnosed w/ kidney cancer last year. Needs MRI for follow-up to see if tumor has shrunk any.; 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,	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	elevated liver enzymes; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 	
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No This is a 52-year-old Caucasian female who comes in today with several acute issues. She states that for some time now she has just not felt well. She has had complaints of increased fluid retention and swelling; This is a request for an Abdomen CT.; This study is being ordered for	

General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	History of Present Illness: 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.; 8/31/2017; There has not been any treatment or conservative therapy.; Pain, abnormal lab reults, elevated PSA.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	New suspected non calcified lung nodule; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral	
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 	
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 	
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has diverticulitis; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 	
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient needs to have CT to recheck grafts.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1996; There has been treatment or conservative therapy.; Patient needs CT to recheck grafts.; Patient had undergone numerous surgeries to repair the aneurysm in 2011 and in 2015 to have stent placements.; One of the studies being ordered is NOT a Breast MRI, CT	1

General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient presents with acute periumbilical abdominal pain with tenderness.; This is a request for an Abdomen CT.; This study is being ordered for another patients has abnormal labs and abnormal ultra sounds;	
General/Family Practice	Disapproval	74150 CT ABDOMEN 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 Pt has upper left quadrant pain and tenderness. PPI's have not helped.; This is a request for an Abdomen CT.;	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This study is being ordered for another reason besides pt is complaining of abdominal pain and "a tearing sensation" when she moves. this has been present for 2 weeks. she complains of pain in her side.; 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
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt states he had problems with his gallbladder about 2 years ago, but he didn't wanted to have surgery. Pt states he's having problems with gallbladder again, has pain on the right upper quadrant also on his back and has a burning sensation on chest and t; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 	
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	R upper quad with nausea with tenderness, guarding in the rib margin area around the liver; This is a request for an Abdomen CT.; This study is being ordered for	

General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	R/O liver 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.; 08/15/2017; There has reduced kidney function; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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 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.;	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Yes, the patient has been seen by a specialist or are the studies being requested on behalf of a Unknown; 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.;	1
General/Family Practice	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Upper abdominal pain, Hep C, elevated pancreatic enzymes, nausea 	1

General/Family Practice	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	Pain In Abdomen; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/11/2017; There has	
General/Family Practice	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	6
General/Family Practice	Disapproval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen. < Enter answer here - or Type In Unknown If No Info Given. >; 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.; < Enter answer here - or Type In Unknown If No Info Given. >; 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	3
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	chronic pain.; This is the first visit for this complaint.; < Enter answer here - or Type In Unknown If No Info Given. >; 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	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	or protein.; It is not known if the pain is acute or	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O 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-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	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O 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-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	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O 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-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

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O 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-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	2
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O 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-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	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O 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-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.; It is	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O 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-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	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O 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-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	2
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O 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-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	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	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 >; 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,	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	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.; 2016; There has been treatment or conservative therapy.; low back pain and abdominal pain; meds	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	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.; 8/7/17; There has been treatment or conservative therapy.; short of breath; steroids, antibiotics, inhaler; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	.Positive for unexpected weight change and weight loss Positive for abdominal pain, blood in stool, diarrhea and hematochezia (states quite a bit of this at times; 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 ; 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 ; 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 ; 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	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		3

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.; 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	1
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 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	2
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 not the first visit for this complaint.; There has been a physical exam.; The	3
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 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	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O 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.; has had pain and diarrhea since 5/31/16 off and on. initial	

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	31 yo female noted to have acute pain x 72 hours in the lower half of her entire abdomen. Please evaluate for colitis, cystitis, ovarian pathology (torsion, mass, cyst).; 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 abd pain cramping luq pain hx gallbladder removal pain getting worse hemorrhoids WBC high; 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 ABD swelling; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.;	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	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 ABD swelling; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.;	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	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 Abdominal pain after IUD was inserted for about a year, and abnormal weight gain; 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 billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Abdominal pain for 1-2 months. Sometimes severe. Hurts to touch. Family history of pancreatic cancer. RLQ pain to palpation, guarding with lower abdominal tenderness. Abnormal urinalysis.; 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	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	abdominal ultrasound completed on 06/12/2017 with normal results. Patient is still having Epigastric and right upper quad pain, blood in stool, and rectal 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 had an amylase lab test.; The results of the lab test were normal.; 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	Abnormal xray records to be obtained. Proceed with CT. Lab drawn. Mammogram ordered. Current medications to be continued. F/u after CT has been completed; This study is being ordered for Inflammatory/ Infectious Disease.; 2014; There has been treatment or conservative therapy.; Positive for	

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	complains of constipation since visit on 7/5/17. had UTI per phone conversation 4/6/17; 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	constant right lower abdominal pain after treatment for constipation	
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	CONTINUED VOMITING AFTER MEALS, EVEN UNABLE TO KEEP WATER DOWN. THIS PROBLEM HAS BEEN GOING ON FOR ABOUT 1 YEAR, PROGRESSIVELY GETTING WORSE.; 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
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	for abdominal pain and 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 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	Hasn't had a bowel movement in 3 days, doesn't feel constipated and the pain is still there.; 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 billirubin, 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	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	having bad abdominal pains and bloating and constipation some but lots of pains and mag citrate cleaned her out and still hurting 	
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	having years of this just getting worse and now abdominal pain getting really severe and nausea really severe.	
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	HPI Comments: 48 yo female presents f/u from her last visit here on 8/31/17. IN 4 MONTHS WEIGHT LOSS OF 14 LBS, 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 had an amylase lab	
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Lumbar X ray had no findings, calcification that appears to be kidney stones; 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	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	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 None; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.;	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	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	2
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Pain in abdomen starting at 2pm 7/25/2017, constant pain, dull achy pain, constant.; This is a 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 Pain In Abdomen; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/11/2017; There has	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	pain is moderate, in RLQ,RUQ,LLQ. pain radiated in to the back .; 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	Patient came in complaining of abdominal pain for two weeks, nausea and vomiting. Patient had an elevated white blood cell count, rebound tenderness to the abdomen, and patient is needing a general surgery consultation. In order to obtain a specialist c; 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	Patient fell off a raft on Saturday. Has left sided rib pain with pain associated with breathing in and out. Cough x 6-7 weeks unrelated to incident.; This study is being ordered for trauma or injury.; 07/01/2017; There has not been any treatment or conservative therapy.; left side rib pain and cough.	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has a h/o of pseudocyst and has left upper quadrant pain. Patient also has elevated amylase; This is a 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
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had abdominal pain and chest pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT HAS HAD ABNORMAL WEIGHTLOSS SINCE 5/18/2017. CHEST XRAY DONE ON 7/10/2017 UNREMARKABLE; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PERSISTANT COUGH AND ABNORMAL WEIGHT LOSS.SHORTNESS OF BREATH; There has been treatment or conservative therapy.; SHORTNESS OF BREATH. ABNORMAL WEIGHT LOSS. PERSISTANT COUGH; UNKNOWN	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT HAS HISOTRY OF LIVER LESIONS. ALSO HAVING ABDOMINAL PAIN AND CONSTIPATION, MELENA (POSTIVE GUAIAIC CARDS) BPH, AND NCV.; This is a 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	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	patient having dysuria and pelvic pain and also complains of blood in stool.; 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	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Patient having hematuria and flank pain,painful urination. Renal stone possibility.; 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.; The study is being ordered for chronic	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Patient having low back pain with pelvic pain. Passed kidney stone and brought it in for doctor to look at.; This is a 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 is having abdominal pain, flank pain, hematuria. History of kidney stones. Patient needs to see urology, and high tech imaging is warranted.; This is a 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.; Patient is having frequent urination and urgency with pain with urination and frequent uti.; This is a 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	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	patient is having right lower quadrant pain with 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 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	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient is present today because she believes the mass found on her adrenal gland is growing and causing her intense pain. Patient describes it as a constant stabbing pain, patient reports the pain worsen if she moves a certain. Patient takes Tylenol for ; This is a 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 Patient reports having stabbing pains in stomach, tenderness to abd to left side. Woke her up two nights ago. No N/V/D no fever. No abdominal surgeries. No problems with constipation. No change in stool.LLQ tenderness; Patient allows deep palpation of abd; 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 Patient states that he is having to strain to go urinate. It has been going on for a few days. Patient states for the last few months he thinks his blood sugar has been dropping. He reports at times he gets shaky, sweats, patient was seen in the office for abd pain and nausea vomiting going on for two to three days, per Dr. Bowman he recommend laxatives to effect aggressive bowel movements. Patient reported she having bowel movements but severe pain and nausea still presen; This is a 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</p>	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	<p>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 Patient states that he is having to strain to go urinate. It has been going on for a few days. Patient states for the last few months he thinks his blood sugar has been dropping. He reports at times he gets shaky, sweats, patient was seen in the office for abd pain and nausea vomiting going on for two to three days, per Dr. Bowman he recommend laxatives to effect aggressive bowel movements. Patient reported she having bowel movements but severe pain and nausea still presen; This is a 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</p>	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	<p>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 Patient states that he is having to strain to go urinate. It has been going on for a few days. Patient states for the last few months he thinks his blood sugar has been dropping. He reports at times he gets shaky, sweats, patient was seen in the office for abd pain and nausea vomiting going on for two to three days, per Dr. Bowman he recommend laxatives to effect aggressive bowel movements. Patient reported she having bowel movements but severe pain and nausea still presen; This is a 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</p>	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	<p>persistent right and left pelvic and inguinal pain and lower abd 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</p> <p>Positive for fever (subjective) . : Positive for abdominal pain (diffuse; crampy), 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 acute pain.; There has been a physical</p>	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Possible hernia - need CT to further eval.; 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</p>	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Pt has elevated LFTs with acute midline low back pain without sciatica. Pt has hx of Hodgkins Lymphoma Stage 3; 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</p>	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has fever, nausea, and vomiting. Pt has right lower quadrant pain. Has positive straight leg and rebound tenderness. Needing have imaging for possible 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.; It is not known if a rectal exam was 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	pt has had surgery for endometriosis prior to this visit. pt has had a history of abdominal pain and needs eval asap; This is a 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	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	pt is having chronic RLQ pain, needs eval; This is a 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

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	pt states he had stomach pain for 2 months. feels as if something is pulling and pt has had severe 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 pt wanted second opinion on appendicitis; 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.; Pt was referred to gyn, per recommendation of ortho.; This is a 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 pt with abd pain and distention and decreased bowel sounds; 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	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Pt was referred to gyn, per recommendation of ortho.; This is a 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 pt with abd pain and distention and decreased bowel sounds; 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	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	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	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	r/o 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 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	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	r10.9	

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	RIGHT LOWER QUADRANT PAIN.POSSIBLE 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	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	see uploaded document (pending provider s/o); 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	The patient has experienced diffuse, stabbing pain for the last 4 months, has daily diarrhea, yet has gained 10lbs. She feels fatigued and weak. A C diff test was performed and results were 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	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	<p>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.; It is not known if there are 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.; It is not known if there is 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;;</p> <p>Yes this is a request for a Diagnostic CT</p>	1
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General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	<p>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 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; &lt;Enter Additional Clinical Information&gt;;</p> <p>Yes this is a request for a Diagnostic CT</p>	1
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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.; 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.; 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; Possible Hernia felt on exam that is reducible.; 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	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 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	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	<p>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; 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.; Patient with chronic abdominal, flank pain. Has low hemoglobin, hematocrit levels. Also with back tenderness on palpitation.; Yes this is a request for a Diagnostic CT</p>	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	<p>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</p>	3

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	<p>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.; ;</p> <p>Yes this is a request for a Diagnostic CT</p>	3
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	<p>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</p>	1

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.; 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	1
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.; 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	13
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.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ; Yes this is a request	13
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.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abdomen and pelvic	1
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.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abdomen pain for 3 weeks at unexpected times. Patient has soreness to the	1

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.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abdomen pain under	1
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.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; ABDOMINA PAIN AND ALERNATING EPISODES AND DIARRHEA AND	1
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.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Abdominal pain with a positive hx of H. pyloria but failed po treatment; Yes	1
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.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abdominal pain, hernia, patient does have some blood in stool,; 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	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,	1
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.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; abdominal pain, cramping, fainting, diarrhea with black stools for about a month; 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	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, looking for hernia or aneurysm. Blood work came back normal; 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	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, nausea, uncontrollable diarrhea. lost 5 lbs.; 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	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; acute abdominal pain, constipation and rectal pain; 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	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; Chronic ABD pain-constipation -change in bowel habits-; 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	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; Chronic abdominal	1

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.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; chronic diarrhea; Yes	1
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.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; continuing weight loss. She is not dieting, not trying to lose weight. She thinks she is eating the same. She says her energy is good, no fatigue or night sweats, has a regular pap;	1
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.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Elevated liver	1
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.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; FOLLOW-UP ON ABNORMAL ULTRASOUND AND KIDNEY CYST; 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	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; Has abdominal pain RUQ for one week now. Complains of nausea everyday.	1
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.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; left flank pain for year, recently gotten worst, hurts when lifting; Yes this	1

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.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; left lower abdomen pain, and abdomen pain,; 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	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; member has had a	1
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.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; No info given.; 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	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 is worse with lifting. Feels tearing, burning pain in abdomen; 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	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 experiencing the past 2 weeks with no improvement, abdominal distention, abdominal burning with pain. Positive for fatigue, Weight gain, Elevated blood pressure, Mild lower edema; 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	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 hernia repair in past. Now has abdominal pain and tenderness. Suspected of having another hernia.; 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	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 normal wbc.; 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	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 hernia and abdominal pain.; 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	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 aaa; 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	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 had abdominal pain x 2 weeks. patient now having n/v/ and	1

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.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; patient having	1
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.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient presented with abdominal pain, nausea, and fever on 8/28 for 1-2 weeks. CBC showed elevated WBC but physical exam mostly normal except mild epigastric TTP. Prescribed Augmentin due to elevated WBC.  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 presents for evaluation of some pain/burning sensation in the right lower abdomen/groin area for about the last 6 weeks. He states that the pain is constant but intermittently	1
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.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient states she's having pain in her right flank area. The pain is a sharp stabbing pain which runs from the lower rib cage down into the lower pelvic area. She's not had any pain or	1
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.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient with severe abdominal pain since 06/2017. Has tried medication and had an unremarkable EGD. Please see attached	1

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.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Please see attached	1
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.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pt has history of	1
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.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Pt has unspecified bleeding and diverticulitis of the large intestine; 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	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 LLQ	1
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.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; pt is having abdomen pain and tenderness; 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	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 presents with persistant pain and tenderness in area of previous kidney surgery.; 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	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 with recurrent abd pain with history of lab band (11 years ago); 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	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; R/O ingunal hernia, left groin and abdominal pain; 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	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; Right side abdominal pain and testicular pain. 2 ultrasounds of the abdomen and scrotum and testicles that do not explain the pain.	
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.; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; RLQ pain. Patient reports stabbing pain and tenderness. Also reports bloating.; 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	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; Severe abdominal pain and weight loss. Unable to keep anything down.;	1

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.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; She has been having trouble with her stomach burning. She has also had diarrhea after eating. She has had similar sx in the past	1
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.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; she states she has had some rt abd/pelvic pain for 3 weeks or so that is	1
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.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; Stomach issues---- was hospitalized w/ colitis few months ago @ AMMC---- -3x in past month having severe stomach pain which caused nausea, has been hurting so bad was laid up in bed for few days.; 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	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; The patient has a history of constipation and hemorrhoids, so the pain could be caused by diverticulitis. She does have family history of cancer of the ovaries, so this study is being	1
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.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Other; unexplained abdominal and pelvic pain and n35.00; 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	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	2
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.; There is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes	3
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.; There is neither a known nor a strong suspicion of kidney or ureteral stones.; This patient is not experiencing hematuria.; Kidney/Ureteral stone; <Enter Additional Clinical Information>; 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	This is a request for an abdomen-pelvis CT combination.; There is neither a known nor a strong suspicion of kidney or ureteral stones.; This patient is not experiencing hematuria.; Kidney/Ureteral stone; Positive for abdominal pain (suprapubic). Positive for PELVIC PAINWith regard to the female pelvic pain, this is located primarily in the right pelvis. It does not radiate. It began 1 month ago. The onset of pain occurred with no apparent trigger. ; 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	This is a request for an abdomen-pelvis CT combination.; There is neither a known nor a strong suspicion of kidney or ureteral stones.; This patient is not experiencing hematuria.; Kidney/Ureteral stone; Severe left lower quadrant pain, tenderness to the touch. Left lower back is also tender. Normal MRI on 6/30/2017 that showed non surgical. Pain meds are not working. Has been to the office 3 times within a few weeks.; 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	This is a request for an abdomen-pelvis CT combination.; 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.; Suspicious Mass or Tumor; Patient has been seen in an urgent care basis 3 times for pain in the last week. Has tried pain medication and anti-inflammatory medication with no relief; 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	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.; 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.; Suspicious Mass or Tumor; Wegiht loss, pain on palpation, small change in caliber of stool, nausea, rectal bleeding.; 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	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; <Enter Additional Clinical Information>; 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	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 pain and weight loss. Thinks there is a mass in the upper gastric area.; Yes this is a request for a Diagnostic CT	1
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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 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.; It is not known if there is an 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.; Hepatic lesion. Pt cannot tolerate MRI.; Yes this is a request for a Diagnostic CT	1
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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 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.;	1
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 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.; Trauma; ; Yes this is a request for a Diagnostic CT ULTRASOUND DONE 07/24/2017 RESULTS NORMAL, TRYING TO RULE OUT HERNIA THAT WAS NOT SEEN DURING ULTRASOUND & PATIENT HAS WORSENING PAIN.; 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	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	unknown/ will upload documents.; This is a 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	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	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.; 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
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.; 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 was in office in april with right side pain, now LLQ 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	1

General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	WE ARE ORDERING THIS STUDY TO CHECK FOR RENAL CALCULUS AND PT. HAS BEEN EXPERIENCING CHRONIC ABDOMINAL/PELVIC PAIN. PATIENT IS ALSO ANEMIC; This is a 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 weight loss; This is a 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 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 Unknown If No Info Given. >	1
General/Family Practice	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	WE ARE ORDERING THIS STUDY TO CHECK FOR RENAL CALCULUS AND PT. HAS BEEN EXPERIENCING CHRONIC ABDOMINAL/PELVIC PAIN. PATIENT IS ALSO ANEMIC; This is a 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 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 Unknown If No Info Given. >	1
General/Family Practice	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	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.; none	1
General/Family Practice	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	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.; none	1

General/Family Practice	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for Inflammatory/ Infectious Disease.; DAILY SINCE BEGINNING OF FEBRUARY 2017; There has been treatment or conservative therapy.; Daily abd/pelvic pain that patient describes as gnawing and throbbing.; Abdominal/Pelvic CT ordered with no acute process identified. Pt with continued daily pain	1
General/Family Practice	Disapproval	75571 Coronary Artery Calcium Score, EBCT	Radiology Services Denied Not Medically Necessary	family history of early coronary artery disease; This is a request for a CT scan for evaluation of coronary calcification.	1
General/Family Practice	Disapproval	75571 Coronary Artery Calcium Score, EBCT	Radiology Services Denied Not Medically Necessary	Patient has high blood pressure and family history of ASHD/cardivascular disease; This is a request for a CT scan for evaluation of coronary calcification.	1
General/Family Practice	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary	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 < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic	1
General/Family Practice	Disapproval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Radiology Services Denied Not Medically Necessary	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	1
General/Family Practice	Disapproval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	7
General/Family Practice	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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

General/Family Practice	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 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-	1
General/Family Practice	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 something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a	1
General/Family Practice	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	PT HAS MULTIPLE BILATERAL BREAST MASSES AS WELL AS BREAST IMPLANTS. MRI IS REQUESTED FOR BIOPSY PLANNING.; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are	1
General/Family Practice	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	PT HAS SO MANY BILATERAL MASSES CONVENTIONAL IMAGING IS EXTREMELY DIFFICULT TO EXCLUDE UNDERLYING MALIGNANCY. BIOPSY IS NOT FEASIBLE FOR THIS MANY MASSES.; 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	1
General/Family Practice	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	Screening for breast cancer. Patient does not prefer to have mammograms due to discomfort of mammogram. Patient would prefer to have screening done by MRI.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for	1
General/Family Practice	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	unknown; 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

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; It is not known if the patient has had a stress echocardiogram within the past eight weeks.;	1
General/Family Practice	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).; This is NOT a Medicare member.;	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	The patient's age is between 45 and 64 years old. < Enter answer here - or Type In Unknown If No Info Given. >; 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.;	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	The patient has not had a stress echocardiogram within the past eight weeks.;	1
General/Family Practice	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).; This is NOT a Medicare member.;	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	The patient's age is between 45 and 64 years old. < Enter answer here - or Type In Unknown If No Info Given. >; 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.;	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	The patient's age is between 45 and 64.;	3
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	The patient has not had a stress echocardiogram within the past eight weeks.;	3
General/Family Practice	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).	3

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The patient is not diabetic.; The patient is less than 45 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).	2
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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's age is between 45 and 64.; 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.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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	2

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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 < 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 < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 07/01/17; There has been treatment or conservative therapy.; chest pain and shortness of	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	.States bp when resting from 125-140. Does state when mowing yard gets dizzy and light headed in about 5-10 minutes. Happens in other activities as well. Gets to about 90/60. Will get dizzy before getting sob. History of COPD (chronic obstructive p; 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	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	29	1

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>; 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</p> <p>; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion</p>	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	<p>; 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.</p>	1

General/Family Practice	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 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
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	abnormal EKG and 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.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Abnormal electrocardiogram [ECG] [EKG]; 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.	1

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Carotid doppler performed in regards to dizziness. Stenosis ranked in 50-69% stenosis. Chronic pain management for feet issues. Pt unable to complete treadmill due to pain in feet.; 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.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	chest pain radiating to right arm; 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 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	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	chest pain with elevated blood presser; 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	1

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	chest pain, L shoulder pain , radiculopathy; This study is being ordered for a neurological disorder.; 3/15/17; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; medication, Home exercise, PT	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Chest pain, Pain in left arm, nausea and vomiting, some dizziness; 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 abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	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 cp; 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's age is between 45 and 64.;	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	The patient has not had a stress echocardiogram within	1

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Debbie has hyperlipidemia that is treated with Crestor. Her dad had heart disease at 59. Over the last 3-4 weeks, she has been having some chest pain. She will have some tightness that can go to her back. It happened yesterday while shopping at Wal-Ma; 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's age is between 45 and 64.; 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.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	diabetes, smoker, overweight, can not exercise due to back problem.; 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	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Discussion Notes 	

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	having episodes of weakness, SOB, sweats, chest pain associated with arms aching whenever she exerts herself. The last spell was 1.5mo ago. There is a strong family hx of heart disease with her mom having cardiac disease in her 50s and her 2 other brother; 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 is having some chest discomfort with shortness of breath.; 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's age is between 45 and 64.; The patient has not had a stress	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	HYPERTENSION; The patient is not diabetic.; The patient is less than 45 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).	1

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	N/A; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	New onset of chest tightness and pain 1 week; The patient is not diabetic.; The patient is less than 45 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).	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	patient having chest pain and shortness of breath; 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.	1

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Patient is having palpitations; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Patient is here for follow-up from emergency room. Cardiac stress test as recommended. EKG chest x-ray with apparent no change. We'll obtain records. Denies any chest pressure or pain. The current time. Will review records and set up stress test as ; 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.	1

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	PT has been seen in office for the following start 8/23/17 HA and Elevated BP she complains of tiredness nausea and heart rate increasing with the least activity. PT has been compliant with medication Lisinopril-Hydrochlorothiazide with no improvement was; 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.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	pt having chest pains on exam; The patient's age is between 45 and 64.; 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).	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Pt is having chest pains, palpitations, and shortness of breath and fatigue; 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	1

General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Pt seen in office today. Abnormal EKG. Per Dr. Zabakolas, call Dr. Schwarz office to see if we can get an urgent referral for him to be seen ASAP due to chest pressure/discomfort and EKG abnormal, showing old MI.; 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. recently in ER for SOB & lightheadedness - elevated BNP; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Reports there is pressure in his chest that is all the way across his chest that happened 4 days ago the chest pain resolved after sitting down.  SHORTNESS OF BREATH, UNCONTROLLED HYPERTENSION; 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	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	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 study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have	4
General/Family Practice	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 study is requested for congestive heart failure.; It is not known if the member has known or suspected coronary artery disease.	1
General/Family Practice	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 study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	2
General/Family Practice	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 study is requested for known or suspected valve disorders.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	unknown; 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.	1
General/Family Practice	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Wants to rule out acute coronary syndrome.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within	1

General/Family Practice	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. Pt has CA.; 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	1
General/Family Practice	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 initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Melanoma.; This is for evaluation of regional lymph nodes.; This is NOT a Medicare member.	1
General/Family Practice	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 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	1
General/Family Practice	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	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	1
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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	1
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary		1

General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	recently in ER for SOB & lightheadedness - elevated BNP; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital	1
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	tenderness upon palpation around L4 and L5 reduced ROM abnormal plain film of L spine; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT,	1
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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 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 the patient has a history of a recent heart attack or hypertensive heart disease.; This is for the initial	5
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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 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	1

General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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 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) indicatvie of heart disease.; This study is NOT being	1
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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 abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; 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 for the initial evaluation of abnormal symptoms,	1
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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 Evaluation of Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; 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.; This is a request for follow up of a known murmur.	1

General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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 Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a	1
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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 Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve	1
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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 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.	1
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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 Evaluation of Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; It is unknown if this is for the	1
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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 Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	1
General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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 Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	1

General/Family Practice	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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.; 7/31/2017; There has not been any treatment or conservative therapy.; Aphasia, dizziness, could not None; This study is being ordered for trauma or injury.; 04/23/2017; There has been treatment or conservative therapy.; Pt is having pain with numbness and tingling .Weakness . Some gait problems; 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	1
General/Family Practice	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	1
General/Family Practice	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	3
General/Family Practice	Disapproval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	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	1
General/Family Practice	Disapproval	G0297 Low dose CT scan (LDCT) for lung cancer screening	Radiology Services Denied Not Medically Necessary	; 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.;	
General/Family Practice	Disapproval	G0297 Low dose CT scan (LDCT) for lung cancer screening	Radiology Services Denied Not Medically Necessary	The patient is presenting with pulmonary signs or	1

General/Family Practice	Disapproval	G0297 Low dose CT scan (LDCT) for lung cancer screening	Radiology Services Denied Not Medically Necessary	51 year old female with more than 20 year smoking history, chronic bronchitis, cough, and shortness of breath.; 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.	1
General/Family Practice	Disapproval	G0297 Low dose CT scan (LDCT) for lung cancer screening	Radiology Services Denied Not Medically Necessary	71 year old male with shortness of breath most likely COPD early stage mild wheezing with exercise. Recent pulmonary function test showed restrictive lung disease.; 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.; It is unknown if this patient is a smoker or has a history	1
General/Family Practice	Disapproval	G0297 Low dose CT scan (LDCT) for lung cancer screening	Radiology Services Denied Not Medically Necessary	current smoker: for _10_ years. Current every day smoker	
Geriatrics	Approval	70450 CT BRAIN, 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.; 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.	1

Geriatrics	Approval	70450 CT BRAIN, HEAD		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.	2
Geriatrics	Approval	70544 Mr angiography head w/o dye		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 08/12/2017; There has not been any treatment or conservative therapy.; difficulty speaking, seizures,	1
Geriatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 08/12/2017; There has not been any treatment or conservative therapy.; difficulty speaking, seizures,	1
Geriatrics	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 x-ray indicating a significant abnormality	1
Geriatrics	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		The patient is diabetic.; The patient is less than 45 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study). Patient states that for the last 2-3 moths she is getting confused. Depression. Cannot sleep. Migraines onset 2 weeks.; 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	1
Geriatrics	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Impairment; There is another reason why an MRI is not	1
Geriatrics	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Charla A Mathews is a 66 y.o. female is able to adls and iadls, lives with husband and her husband has multiple sclerosis and is also a caregiver for him , her	

Geriatrics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Charla A Mathews is a 66 y.o. female is able to adls and iadls, lives with husband and her husband has multiple sclerosis and is also a caregiver for him , her mother is my patient too and is 88.	
				< 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 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 not include exercise, prescription medication and follow-up office visits.	
Geriatrics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Gynecologic Oncology	Approval	70450 CT BRAIN, HEAD			2
Gynecologic Oncology	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.	1
Gynecologic Oncology	Approval	71250 CT CHEST, THORAX			1
Gynecologic Oncology	Approval	71250 CT CHEST, THORAX		; 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,	1

Gynecologic Oncology	Approval	71250 CT CHEST, THORAX	Restaging for 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	1
Gynecologic Oncology	Approval	72196 MRI PELVIS	unknown.; 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 the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1
Gynecologic Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		6
Gynecologic Oncology	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 female.; A pelvic exam was	1
Gynecologic Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; 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, Restaging for 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	1
Gynecologic Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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.	1
Gynecologic Oncology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral		1
Gynecologic Oncology	Approval	78813 PET IMAGING WHOLE BODY		1

Gynecologic 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	1
Gynecologic Oncology	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 Cervical Cancer.; This is NOT a Medicare member.	2
Gynecologic Oncology	Approval	78813 PET IMAGING WHOLE BODY	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 Cervical Cancer.; This is NOT a Medicare member.	1
Gynecologic Oncology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		1

Gynecologic Oncology	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; 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. < Enter answer here - or Type In Unknown If No Info Given. >;	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD		< 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.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; 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 < 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 >;	2
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD		It is not known if ; 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	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD		; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy,	2
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD		; This study is being ordered for a metastatic disease.;	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD		There are 4 exams are being ordered.	1

Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	INITIAL STAGING OF LUNG CANCER; This is a request for a brain/head CT.; There is not a suspected or known brain tumor.; The patient currently has cancer.; There is no recurrence or metastasis.; "The patient has not had a recent course of chemotherapy, radiation therapy, or been treated surgically within the last two years."; There are not new or changing lymph nodes.; No headaches, dizziness or hearing loss. We are needing to R/O brain mets due to Behavioral changes.; 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	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD		1
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 MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	RESTAGING KNOWN LYMPHOMA; This study is being ordered for a metastatic disease.; There are 4 exams	1
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 MDs specialty is Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	RESTAGING LYMPHOMA; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	RESTAGING ON TREATMENT; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	RESTAGING; 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	2
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	RESTAGING LYMPHOMA AND EVALUATION SPLEEN; 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	70450 CT BRAIN, HEAD	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	5
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	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	45

Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	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.	1
Hematologist/Oncologist	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 evaluation of known tumor.	3
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.	15
Hematologist/Oncologist	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	7
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is not a suspected or known brain tumor.; The patient currently has cancer.; There is a recurrence or metastasis.; This study is being requested for known or suspected brain	3
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is requested for known or suspected bleed such as	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1

Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	2
Hematologist/Oncologist	Approval	70450 CT BRAIN, HEAD 70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	29
Hematologist/Oncologist	Approval	CONTRAST 70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO	"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
Hematologist/Oncologist	Approval	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.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a	1

Hematologist/Oncologist	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Acute maxillary sinusitis WITH SINUS PRESSURE LEFT AND RIGHT FATIGUE RUNNY NOSE.; 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	1
Hematologist/Oncologist	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	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	3
Hematologist/Oncologist	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	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	1
Hematologist/Oncologist	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT ; This study is being ordered for a metastatic disease.;	2
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST	There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EKG, US Head/Neck Tissue, X-rays and Pet scan have been performed. These requests are for DLBCL with a thyroid nodule.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST	Enter answer here - or Type In Unknown If No Info Given	1

Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYRO ID ETC. NO CONTRAST	RESTAGING HEAD AND NECK 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYRO ID ETC. NO CONTRAST	RESTAGING KNOWN LYMPHOMA; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYRO ID ETC. NO CONTRAST	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	70490 CT NECK SOFT TISSUES,LARNYX,THYRO ID ETC. NO CONTRAST	RESTAGING LYMPHOMA; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYRO ID ETC. NO CONTRAST	Restaging scans completed treatment on 7/17/17.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYRO ID ETC. NO CONTRAST	restaging scans; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	restaging, Stem Cell transplant pre-workup; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	RESTAGING; 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	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Restaging; 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	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	RESTAING LYMPHOMA AND EVALUATION SPLEEN; There are 4 exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Colonoscopy, EBCT, MRS, PET Scan, or Unlisted Stage 1 Lymphoma.; 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	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Surveillance during ongoing treatment; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS,	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	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	10
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	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	22
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Hematologist/Oncologist 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 completed a course of chemotherapy or radiation	1

Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	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 changig symptoms in the neck.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	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	13
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	3
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	4
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.	15
Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not	2

Hematologist/Oncologist	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	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 physician is a hematologist/ oncologist.; It is unknown if the diagnosis of cancer or tumor has been established.; 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	1
Hematologist/Oncologist	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	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	2
Hematologist/Oncologist	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	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	2
Hematologist/Oncologist	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	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	2
Hematologist/Oncologist	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	1
Hematologist/Oncologist	Approval	70544 Mr angiography head w/o dye		1

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< 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.	1
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; 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
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>; 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)</p>	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>; 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.</p>	2
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>; 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.; It is not known if 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.</p>	1

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.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	ASSESS RESPONSE TO TREATMENT RESTAGING; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	END OF THERAPY FOLLOW UP SCANS; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	FAX; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been He says he has some headaches and also balance is an issues. This scan is for restaging post chemotherapy for CNS Lymphoma.; 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	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	HISTORY OF CANCER WIHT NEW FREQUENT HEADACHES; 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.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	INITIAL STAGING NEWLY DIAGNOSED BREAST CANCER;; 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	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	INITIAL STAGING NEWLY DIAGNOSED LUNG CANCER; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	INITIAL STAGING OF KNEWLY DIAGNOSED BREAST CANCER WITH BONE METS; 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.	1

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	KNOWN CANCER WITH SUDDEN MENTAL STATUS CHANGE; 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	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	LEFT SIDED FACIAL NUMBNESS; 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 not 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.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	NEW ONSET OF FREQUENT HEADACHES WITH FACTOR V LEIDEN MUTATION; 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

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	none; 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
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	none; 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
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has dizziness and possible Metastatic cancer 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms do not indicate that the cancer may be present or reoccurring.	1

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	PRIOR CT SHOWED LESION ON ANTEROSUPERIOR LEFT FRONTAL LOBE. FOLLOW UP FOR POSSIBLE BRAIN METS; 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
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Problem # 2: Weakness, left side of body (ICD-342.90) (ICD10-G81.90) Pt has Non-small cell lung CA, antineoplastic chemotherapy induced anemia, & drug induced neutropenia. Pt has weight loss with increased weakness and fatigue. 9/5/17 HGB 9.9, HCT 31.1, WBC 7.3, GFR estimate 123.2 & CEA 39.40.; 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 Response to treatment and radiation is complete for the brain mets.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	restaging for CNS; 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	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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 RESTAGING NSCLC DURING CHEMO TREATMENT; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.;	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	RESTAGING RECURRENT BREAST CANCER; 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
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	RESTAGING SCANS AFTER TREATMENT; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	restaging scans/ SQUAMOUS CELL LUNG CANCER; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	RESTAGING SCANS; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	RESTAGING SCLC; 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	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	RESTAGING; 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	3
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	RETAGING SMALL CELL LUNG CANCER; 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

Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Stage 4 adeno carcinoma. Wants to evaluate before next chemo; 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 STAGING NSCLC RIGHT UPPER LOBE; 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 T3 N0 colon cancer; 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 the pt. has Mets lung cancer , restaging to check for treatment response; 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	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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	6
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	CT/MRI.; The ordering MDs specialty is Hematologist/Oncologist	14

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.; 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	1
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 presenting with a sudden change in severity, associated with exertion, or a mental status change.	6
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 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
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 recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	6

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 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.	1
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.; 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.	1
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.; 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.	1

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.; 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.	4
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.; 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.	2
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 seizures; There has not been a previous Brain MRI completed.	2
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 been completed to	43

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 recent neurological symptoms such as one-sided weakness,	13
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; It is not known if a biopsy has been completed to determine tumor tissue type.;	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	There are recent neurological symptoms such as one- 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.	8
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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	2
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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	2
Hematologist/Oncologist	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1

Hematologist/Oncologist	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	10
Hematologist/Oncologist	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Hematologist/Oncologist	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	vision changes, headache, dizziness; 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.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX		2

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	3
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	15
Hematologist/Oncologist	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
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	< 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	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	< 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.	3
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	< 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 a Breast MRI, CT	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	< 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	< 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	< 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	< 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 >; 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 >;	2
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	< 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	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; < Enter date of initial onset here - or Type In Unknown If No Info Given >;07/15/2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >;	
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	; "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

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	; 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.	3
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	6
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; 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	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	1. Her2 Negative T3N2MX Gastric Adenocarcinoma of the Antrum	
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request	96
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes Abnormal 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 An MRI-Brain had been performed back on 7/3/17.; 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	An X-Ray Chest 2 views has been performed in the last 3 months. He is due to begin FOLFIRI + Vectibix today (6/13/17). His lab work today shows WBC 1.53, H&H are 11.5/34.0, and Platelets 116,000.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX		
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX		

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Assess for disease response to treatment, dx of colon 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Assess for disease response to treatment/ endometrioid adenocarcinoma; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	ASSESS RESPONSE TO TREATMENT RESTAGING; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Assessing for disease response to treatment.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months. bladder cancer, mets to the bone; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer;	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	C/O chest pain intermittent Cervical and axillary lymphadenopathy, ex. smoker, 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		
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Change in clinical status; initial staging.; 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,	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	colon ca; in the process of doing chemotherapy; chest ct necessary; 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 confirmed 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	CONTINUED SURVEILLANCE 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.; FOLLW UP TO PULMANRY NODULES AND HEPATIC STEATOSIS; There has been treatment or conservative	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	cta done in April 2017 at North Metro Medical Center showed pulmonary nodules in left upper lobe suggesting possible malignancy. Scan was reviewed and it was determined to be too small to biopsy at that time. Radiologist recommended short term 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	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX		1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	EKG, US Head/Neck Tissue, X-rays and Pet scan have been performed. These requests are for DLBCL with a thyroid nodule.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	ELEVATED ALK PHOSPHATE AND LIVER FUNCTIONS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; REEVAL AND FOLLOW UP FOR LYMPHADENOPATHY; There has been treatment or conservative therapy.; NEW LESIONS SEEN ON PREVIOUS CT SUGGESTING 6 MONTH FOLLOW UP; NODE REMOVAL	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	ENLARGING PULMONARY NODULES 	
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Enter answer here - or Type In Unknown If No Info Given Evaluate disease response after 4 cycles of chemotherapy and for further treatment recommendations.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	EVALUATE RESONSE TO TREATMENT; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Extensive Stage Small Cell Lung Cancer with bone involvement	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX		
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Follow up for Progression. Member has multiple symptoms of progression; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or FOLLOW UP TO KNOWN PULMANRY NODULE.; "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	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	He completed concurrent chemoradiotherapy (6000 centigray) on 01/27/2017. CT scan on 02/28/2017 revealed resolved right pneumothorax and subcutaneous air, resolved effusions, as well as decrease in size of spiculated right upper lung mass with stable roun; 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 physician is a	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Immunocompromised state associated with stem cell transplant. Biopsy was inconclusive and patient is still having symptoms of nausea, fatigue. Checking mass size.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	IMPRESSION AND PLAN: This is a 59-year-old gentleman with biopsy-proven adenocarcinoma of the	
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	INCREASE IN SIZE OF 1 LIVER LESION AND DEVELOPED A NEW LIVER LESION PRESUMABLY REPRESENTING 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	INVASIVE BREAST CA, ERPR POSITIVE HER 2-, 1 LYMPH NODE POSITIVE. PT WITH SHORTNESS OF BREATH. CT SCAN REQUESTED.; "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 Known noncalcified nodules in right lower and right upper lobe. new tiny noncalcified nodules in upper lobes. Further evaluation needed d/t history of pulmonary 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 Malignant neoplasm of overlapping sites of larynx; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.;	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX		1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX		1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	need the chest CT for follow up on his lung cancer .; 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.; 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 none; 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	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Patient had a CT screening that showed pulm fibrosis.; "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 patient has known brain lesions ct scan needed to determine primary mass for biopsy; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is	2
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX		1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX		1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Patient is in a clinical research program.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	<p>Patient is in a clinical research program.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of</p>	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	<p>patient needs a CT to assess response to 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.</p>	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	<p>PATIENT UNDERGOING RADIATION TREATMENT,PATIENT PRESENTED IN THE OFFICE TODAY FOR A ROUTINE VISIT WITH ABD PAIN. EXAM REQUESTED FOR FOLLOW UP DURING RADIATION.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.</p>	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Patient with known B Cell Lymphoma, currently on chemotherapy. Scans are to evaluate response to treatment and for further treatment recommendations.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	patient with known cancer of the larynx. completed radiation tx in april. is now presenting with new swelling/pain in jaw area. ct needed to evaluate for recurrence.; 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.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	patients has large lymodes; 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

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	<p>PET 3-3-17: HM mass involving the LUL with an SUV of 15.4. HM lymph nodes within the pretracheal region SUV of 3.8, AP window region SUV 10.4, and subcarinal region SUV 7.6. Spiculated nodule within the RUL with an SUV of 7.4. Laura elected to be enrolled; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.</p>	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	<p>prominent/enlarged lymph nodes of face and neck, microcytic anemia, GI blood loss, fatigue, elevated WBC count; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Non-Hodgkin's Lymphoma diagnosed 8/23/2012; There has been treatment or conservative therapy.; prominent/enlarged lymph nodes of face and neck, microcytic anemia, GI blood loss, fatigue, elevated WBC count; Oral Iron Therapy</p>	1
Hematologist/Oncologist	Approval	71250 CT CHEST,	Pt had ct of chest 05/12/17. 	

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Research requesting scans for the results on 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Response to treatment and radiation is complete for the brain mets.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or restage lung cancer during treatment to determine response.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted restage malignant neoplasm after chemotherapy; 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 and monitoring treatment response; This study is 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
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX		1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	RESTAGING 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	RESTAGING 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	RESTAGING DURING TREATMENT; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	restaging for head/neck ca; malignant neoplasm base of tongue; still being treated; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	RESTAGING KNOWN LYMPHOMA; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	RESTAGING 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
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 LYMPHOMA; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	RESTAGING NSCLC DURING CHEMO TREATMENT; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	RESTAGING ON TREATMENT; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	RESTAGING POST TREATMENT; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or RESTAGING RESPONSE TO TREATMENT; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of	2
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	RESTAGING SCANS AFTER TREATMENT; This study is being ordered for a metastatic disease.; There are 4	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	RESTAGING SCANS 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer;	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	RESTAGING SCANS COLON 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Restaging scans completed treatment on 7/17/17.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	RESTAGING SCANS DURING TREATMENT; RESTAGING SCANS ONGOING TREATMENT ASSESS RESPONSE TO TREATMENT; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX		
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	RESTAGING SCANS ONGOING TREATMENT TO ASSESS RESPONSE TO TREATMENT.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	restaging scans/ SQUAMOUS CELL LUNG CANCER; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	RESTAGING 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	restaging scans; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	RESTAGING SCANS; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	RESTAGING SCLC; 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, Stem Cell transplant pre-workup; 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/SURVEILLANCE BLADDER 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.;	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	RESTAGING; 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 Restaging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.;	3
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	One of the studies being ordered is a Breast MRI, 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.;	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or RESTAING LYMPHOMA AND EVALUATION SPLEEN; 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.;	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	The ordering MDs specialty is Hematologist/Oncologist	1
			see attached...; 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.;	
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	Sequela granulomatous disease with a few small noncalcified nodules&#xOD;	
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	SOB; 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	1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	STAGING NSCLC RIGHT UPPER LOBE; 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	Surveillance during ongoing treatment; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; 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	the pt. has Mets lung cancer , restaging to check for treatment response; 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	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	235
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	90

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Pt has new sudden onset of chest pain with shortness of breath. Pt has cough which is productive. Pt also has breast cancer.; "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	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; restaging for: Malignant neoplasm of lung, unspecified laterality; "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 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX		40

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	22
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	7
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	109
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not	7
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	3

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	3
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	57
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not 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 physician is a hematologist/ oncologist.; It is unknown if the diagnosis of cancer or tumor has been established.;	3
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX		1

Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	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	1
Hematologist/Oncologist	Approval	71250 CT CHEST, THORAX	UNKNOWN; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; 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	Will FAX; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	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	2

Hematologist/Oncologist	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not	1
Hematologist/Oncologist	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	15
Hematologist/Oncologist	Approval	71550 MRI CHEST	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	1
Hematologist/Oncologist	Approval	71550 MRI CHEST	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	3
Hematologist/Oncologist	Approval	71550 MRI CHEST	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	5
Hematologist/Oncologist	Approval	71550 MRI CHEST	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	2
Hematologist/Oncologist	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	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	1

Hematologist/Oncologist	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	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 known tumor with or without metastasis.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or	1
Hematologist/Oncologist	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	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	1
Hematologist/Oncologist	Approval	72131 CT LUMBAR SPINE, LOW BACK	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	72131 CT LUMBAR SPINE, LOW BACK	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	1
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 6/5/17; There has been treatment or conservative therapy.; Pain, swelling;; Medication, blood thinners	1
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	END OF THERAPY FOLLOW UP SCANS; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	low back is radiating and neck pain; This study is being ordered for a neurological disorder.; 7/21/17; There has been treatment or conservative therapy.; Pt has nerve involvement; CHIROPRACTOR	1
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	RESTAGING SCANS; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1

Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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	1
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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	3
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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	6
Hematologist/Oncologist	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	3
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not	1
Hematologist/Oncologist	Approval	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2

Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	2
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	5
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This study is being ordered for staging.; 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	1
Hematologist/Oncologist	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; 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 < 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Abnormal xray, thoracic spine, bone destruction; lower back apin; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Abnormal xray, thoracic spine, bone destruction; lower back apin; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	END OF THERAPY FOLLOW UP SCANS; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist Approval 72146 MRI THORACIC
SPINE CHEST SPINE
UPPER BACK WITHOUT
CONTRAST Left invasive lobular breast cancer Stage IIIA

Pt with primary diagnosis of lung cancer that C/o LBP and will evaluates with MRI of T & L spine. Musculoskeletal: Abnormal gait and station. Decreased range of motion. Strength and tone decreased.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; C/o LBP and will evaluates with MRI of T & L spine. Musculoskeletal: Abnormal gait and station. Decreased range of motion. Strength and tone decreased.; There has been treatment or conservative therapy.; C/o LBP and will evaluates with MRI of T & L spine. Musculoskeletal: Abnormal gait and station. Decreased range of motion. Strength and tone decreased.; Pt has been taking pain meds/gabapentin...He does have primary diagnosis of lung cancer.

Hematologist/Oncologist Approval 72146 MRI THORACIC
SPINE CHEST SPINE
UPPER BACK WITHOUT
CONTRAST

Hematologist/Oncologist	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.; 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.	1
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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	2
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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	5
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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 not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new	1

Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	3
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	2
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	5
Hematologist/Oncologist	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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.	2
Hematologist/Oncologist	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	1
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1

Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Abnormal xray, thoracic spine, bone destruction; lower back apin; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted confirmed 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	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	END OF THERAPY FOLLOW UP SCANS; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Left invasive lobular breast cancer Stage IIIA low back is radiating and neck pain; This study is being ordered for a neurological disorder.; 7/21/17; There has been treatment or conservative therapy.; Pt has LOW BACK PAIN AND NEUROPATHY; The study requested is a Lumbar Spine MRI.; Acute or Chronic back pain; The patient does have new or changing	1

Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt with primary diagnosis of lung cancer that C/o LBP and will evaluates with MRI of T & L spine. Musculoskeletal: Abnormal gait and station. Decreased range of motion. Strength and tone decreased.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; C/o LBP and will evaluates with MRI of T & L spine. Musculoskeletal: Abnormal gait and station. Decreased range of motion. Strength and tone decreased.; There has been treatment or conservative ruling out progression of bone mets, per patient know for stage 4 prostate cancer with known bone mets.;	1
Hematologist/Oncologist	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	1
Hematologist/Oncologist	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.; This procedure is being requested for Known or suspected tumor with or without metastasis	3
Hematologist/Oncologist	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	3
Hematologist/Oncologist	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)	3
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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

Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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 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
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		7
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	72148 MRI LUMBAR SPINE OR LOW BACK 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2

Hematologist/Oncologist	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Hematologist/Oncologist	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	5
Hematologist/Oncologist	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The patient is not 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."; The patient has had 3 or fewer pelvis CTs.; This study is not being ordered for initial staging.; The patient is not 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	1

Hematologist/Oncologist	Approval	72192 CT PELVIS WITHOUT CONTRAST	hip pain checking for avascular necrosis; 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 Patient is currently under treatment. Doctor needs to see results at this point.; 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 PATIENT IS HAVING SHORTNESS OF BREATH, PELVIC PAIN; R/O MASS OR TUMOR OR NEOPLASM. JUST COMPLETED A ROUND OF CHEMO ON 8/18/17;; The patient is not 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.; The 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	1
Hematologist/Oncologist	Approval	72192 CT PELVIS WITHOUT CONTRAST		1
Hematologist/Oncologist	Approval	72192 CT PELVIS WITHOUT CONTRAST		1
Hematologist/Oncologist	Approval	72192 CT PELVIS WITHOUT CONTRAST		1
Hematologist/Oncologist	Approval	72196 MRI PELVIS		1
Hematologist/Oncologist	Approval	72196 MRI PELVIS	; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Hematologist/Oncologist	Approval	72196 MRI PELVIS	ENHANCING LESION SEEN ON MRI PELVIS CONSISTANT WITH A STAGE III TUMOR.; 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.	1

Hematologist/Oncologist	Approval	72196 MRI PELVIS	rectal cancer Biopsy proven, pet scan consistent with known rectal cancer; 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 Recurrence of Squamous Cell Carcinoma.; 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	1
Hematologist/Oncologist	Approval	72196 MRI PELVIS	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	1
Hematologist/Oncologist	Approval	72196 MRI PELVIS	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
Hematologist/Oncologist	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	4
Hematologist/Oncologist	Approval	72196 MRI 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	11
Hematologist/Oncologist	Approval	72196 MRI PELVIS		6

Hematologist/Oncologist	Approval	72196 MRI PELVIS	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	3
Hematologist/Oncologist	Approval	72196 MRI PELVIS	UNKNOWN; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	73200 CT ARM OR UPPER EXTREMITY	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
Hematologist/Oncologist	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A	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	9
Hematologist/Oncologist	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	2
Hematologist/Oncologist	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	5

			< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 6/5/17; There has been treatment or conservative therapy.; Pain, swelling;; Medication, blood thinners	1
Hematologist/Oncologist	Approval	73221 MRI JOINT OF UPPER EXTREMITY		
Hematologist/Oncologist	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for Vascular Disease.; ; It is not known if there has been any treatment or	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 ordering physician is not an orthopedist.; There is documented findings of severe pain on motion.	
Hematologist/Oncologist	Approval	73221 MRI JOINT OF UPPER EXTREMITY		1
			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	
Hematologist/Oncologist	Approval	73221 MRI JOINT OF UPPER EXTREMITY		1
			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.	
Hematologist/Oncologist	Approval	73221 MRI JOINT OF UPPER EXTREMITY		1

Hematologist/Oncologist	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Hematologist/Oncologist	Approval	73700 CT LEG OR LOWER EXTREMITY	checking for avascular necrosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/5/2017; There has not been any treatment or conservative therapy.; hip pain Patient with known B Cell Lymphoma, currently on chemotherapy. Scans are to evaluate response to treatment and for further treatment recommendations.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	2
Hematologist/Oncologist	Approval	73700 CT LEG OR LOWER EXTREMITY	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	1
Hematologist/Oncologist	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT ; Yes this is a request for a Diagnostic CT	2
Hematologist/Oncologist	Approval	73700 CT LEG OR LOWER EXTREMITY		1

Hematologist/Oncologist	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; It is not known if patient had recent plain films of the knee.; 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.; abnormal finding on PET in patient with h/o of melanoma; Suspicious Mass or Suspected Tumor/ Metastasis	1
Hematologist/Oncologist	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Hematologist/Oncologist	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; There are 5 or more exams are being ordered.; One of 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	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	confirmed 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	1

Hematologist/Oncologist	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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-	1
Hematologist/Oncologist	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 not been treated with	1
Hematologist/Oncologist	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	1

Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	follow up to make sure the spleen is still showing normal size, last US was normal, follow up surveillance; This is a request for an Abdomen CT.; This study is being ordered for another reason besides LEFT UPPER QUAD PAIN AND TENDER ON EXAM.	
Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	STATUS POST SPLENECTOMY.; This is a request for an Abdomen CT.; This study is being ordered for another melanoma; 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	1
Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	NEEDING MULTIPHASIC CT OF THE LIVER TO EVALUATE LESIONS NOTED ON ULTRASOUND.; 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

Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	prominent/enlarged lymph nodes of face and neck, microcytic anemia, GI blood loss, fatigue, elevated WBC count; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Non-Hodgkin's Lymphoma diagnosed 8/23/2012; There has been treatment or conservative therapy.; prominent/enlarged lymph nodes of face and neck, microcytic anemia, GI blood loss, fatigue, elevated WBC count; Oral Iron Therapy	1
Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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	9
Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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	2
Hematologist/Oncologist	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.; 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	1

Hematologist/Oncologist	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 not a request for initial staging of a known tumor other than prostate.; 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.; No, this is not a request for follow up to a known tumor or abdominal cancer.; No, there is a palpable or observed	1
Hematologist/Oncologist	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 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.; No, there is a palpable or observed abdominal mass.; Yes, there is a Is there an abdominal	1
Hematologist/Oncologist	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.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a	3
Hematologist/Oncologist	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 a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is	1
Hematologist/Oncologist	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	1

Hematologist/Oncologist	Approval	74150 CT ABDOMEN 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	3
Hematologist/Oncologist	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	established.; Reoccurrence of cancer; Other tests such	1
Hematologist/Oncologist	Approval	74150 CT ABDOMEN 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Hematologist/Oncologist	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON TRAST	This is a request for CT Angiography of the Abdomen and Pelvis.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST		4

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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.	3
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; There are 5 or more exams are being ordered.; One of 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	74176 CT ABD & PELVIS W/O CONTRAST	< 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 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
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>&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.;</p> <p>&lt; Describe primary symptoms here - or Type In Unknown If No Info Given &gt;;</p> <p>&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</p>	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for Vascular Disease.; &lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;;07/15/2017; There has been treatment or conservative therapy.;</p> <p>&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;;</p> <p>; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST		
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST		3

Hematologist/Oncologist	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.; 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	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; 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.	3
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	6

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	1. Her2 Negative T3N2MX Gastric Adenocarcinoma of the Antrum An MRI-Brain had been performed back on 7/3/17.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	An X-Ray Chest 2 views has been performed in the last 3 months. He is due to begin FOLFIRI + Vectibix today (6/13/17). His lab work today shows WBC 1.53, Assess for disease response to treatment/ endometrioid adenocarcinoma; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or ASSESS RESPONSE TO TREATMENT RESTAGING; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Assessing for disease response to treatment.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; bladder cancer, mets to the bone; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer;	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	C/O chest pain intermittent Cervical and axillary lymphadenopathy, ex. smoker, restaging.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Change in clinical status; initial staging.; 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, confirmed 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	74176 CT ABD & PELVIS W/O CONTRAST		1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	EKG, US Head/Neck Tissue, X-rays and Pet scan have been performed. These requests are for DLBCL with a thyroid nodule.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or ELEVATED ALK PHOSPHATE AND LIVER FUNCTIONS; This study is 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
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	REEVAL AND FOLLOW UP FOR LYMPHADENOPATHY; There has been treatment or conservative therapy.;	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	ENLARGING PULMONARY NODULES 	
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Enter answer here - or Type In Unknown If No Info Given Evaluate disease response after 4 cycles of chemotherapy and for further treatment recommendations.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or EVALUATE RESONSE TO TREATMENT; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Extensive Stage Small Cell Lung Cancer with bone involvement; Follow up for Progression. Member has multiple symptoms of progression; 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 physician is a hematologist/ oncologist.;	
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	He completed concurrent chemoradiotherapy (6000 centigray) on 01/27/2017. CT scan on 02/28/2017 revealed resolved right pneumothorax and subcutaneous air, resolved effusions, as well as decrease in size of spiculated right upper lung mass with stable roun; 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 physician is a	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	history of acute intermittent porphyria, hypertension and diet controlled type 2 DM presenting with abdominal pain consistent with her past AIP flairs.; This is a 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	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Immunocompromised state associated with stem cell transplant. Biopsy was inconclusive and patient is still having symptoms of nausea, fatigue. Checking mass size.; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST		
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	IMPRESSION AND PLAN: This is a 59-year-old gentleman with biopsy-proven adenocarcinoma of the INCREASE IN SIZE OF 1 LIVER LESION AND DEVELOPED A NEW LIVER LESION PRESUMABLY REPRESENTING 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or Malignant neoplasm of overlapping sites of larynx; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; none; 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	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient has completed a course of chemotherapy treatment; This is a 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 known brain lesions ct scan needed to determine primary mass for biopsy; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being ordered is	2
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient is in a clinical research program.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient is in a clinical research program.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of patient needs a CT to assess response to 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 physician is a	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	hematologist/ oncologist.; The diagnosis of cancer or PATIENT UNDERGOING RADIATION TREATMENT,PATIENT PRESENTED IN THE OFFICE TODAY FOR A ROUTINE VISIT WITH ABD PAIN. EXAM REQUESTED FOR FOLLOW UP DURING RADIATION.; 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 physician is a hematologist/	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient with known B Cell Lymphoma, currently on chemotherapy. Scans are to evaluate response to treatment and for further treatment recommendations.; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	PET 3-3-17: HM mass involving the LUL with an SUV of 15.4. HM lymph nodes within the pretracheal region SUV of 3.8, AP window region SUV 10.4, and subcarinal region SUV 7.6. Spiculated nodule within the RUL with an SUV of 7.4. Laura elected to be enrolled; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt had ct of chest 05/12/17.  Pt has anal cancer, re-evaluation of anal cancer. Pt has worsening of symptoms, increased pain, weight loss, increased 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	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt has Lung CA; This is a 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 Research requesting scans for the results on 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or Response to treatment and radiation is complete for the brain mets.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or restage lung cancer during treatment to determine response.; 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	restage malignant neoplasm after chemotherapy; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted restaging and monitoring treatment response; This study is 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
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING DURING TREATMENT; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING KNOWN LYMPHOMA; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING LYMPHOMA; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING NSCLC DURING CHEMO TREATMENT; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING ON TREATMENT; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING POST TREATMENT; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or	2
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING RESPONSE TO TREATMENT; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING SCANS AFTER TREATMENT; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING SCANS 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer;	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING SCANS COLON 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer;	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Restaging scans completed treatment on 7/17/17.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING SCANS DURING TREATMENT:	

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING SCANS ONGOING TREATMENT ASSESS RESPONSE TO TREATMENT; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING SCANS ONGOING TREATMENT TO ASSESS RESPONSE TO TREATMENT.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	restaging scans/ SQUAMOUS CELL LUNG CANCER; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	restaging scans; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING SCANS; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING SCLC; 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	74176 CT ABD & PELVIS W/O CONTRAST	restaging, Stem Cell transplant pre-workup; 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	RESTAGING/SURVEILLANCE BLADDER 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING; 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	3
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RESTAGING LYMPHOMA AND EVALUATION SPLEEN; 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	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	see attached...; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	STAGING NSCLC RIGHT UPPER LOBE; 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	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Surveillance during ongoing treatment; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; 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	the pt. has Mets lung cancer , restaging to check for treatment response; 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 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	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	213
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	89
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O 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	3
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

Hematologist/Oncologist	Approval	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.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; 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	1
Hematologist/Oncologist	Approval	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.; 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	1
Hematologist/Oncologist	Approval	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.; 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	1

Hematologist/Oncologist	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 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	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	3
Hematologist/Oncologist	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 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	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1
Hematologist/Oncologist	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 Hematuria.; Other; Yes this is a request for a	3

Hematologist/Oncologist	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; &Enter Additional	3
Hematologist/Oncologist	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	1
Hematologist/Oncologist	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; EVALUATE HEPTOMEGALY, SPLENOMEGALY AND	1
Hematologist/Oncologist	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; patient with intermittent episodes of severe mid abdominal pain, worse recently. History of chronic lymphocytic leukemia. Has had vomiting, sweats, felt like she would pass out, diarrhea. alkaline phosphatase labs are elevated.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	5
Hematologist/Oncologist	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	4

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	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 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	3
Hematologist/Oncologist	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	44
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	2

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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.; It is not known if there is an 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</p>	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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</p>	2

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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 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.;	6
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	2
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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</p> <p>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</p>	2
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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</p> <p>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</p>	
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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</p> <p>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.;</p>	1

Hematologist/Oncologist	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 lipase lab test.; The 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	36
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	22
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	6
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	107

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	9
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	3
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	3

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	57
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not 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 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 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been 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	3
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been 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	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O 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	1
Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O 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	1

Hematologist/Oncologist	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Will FAX; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been < Enter answer here - or Type In Unknown If No Info Given. >; 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, < 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 >; It is not known if 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	74181 MRI ABDOMEN		1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN		1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN		3
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	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 No MRI of liver with and without Gadolinium at Baptist NLR for hemochromatosis with elevated AFP ASAP and call resultsInfo Given.	1

Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	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 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."; NEW LESIONS SEEN ON LIVER STATUS POST ABLATION	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	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.";	2
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	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."; < Enter answer here - or Type In Unknown If No Info Given. >	1

Hematologist/Oncologist	Approval	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 is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.";	2
Hematologist/Oncologist	Approval	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 is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon."; STATUS POST RFA	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This study is being ordered for staging.	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	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.";	
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	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."; liver lesion seen on CT done on 8/22/2017 concerning	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	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

Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	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."; Pt having hematuria. CT scan demonstrated left lateral wall bladder tumor and liver lesions. Urinary bladder tumor resection revealed bladder cancer.	1
Hematologist/Oncologist	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 had an abdominal	2
Hematologist/Oncologist	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 had an abdominal	1
Hematologist/Oncologist	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 had an abdominal	1
Hematologist/Oncologist	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 had an abdominal ultrasound, CT, or MR study."; NEW LIVER LESIONS AS	1
Hematologist/Oncologist	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 had an abdominal	1

Hematologist/Oncologist	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	1
Hematologist/Oncologist	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	1
Hematologist/Oncologist	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."; C7B.02 (ICD-	
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	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 abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	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 UNKNOWN; This study is being ordered for a	1
Hematologist/Oncologist	Approval	74181 MRI ABDOMEN	metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast	1

			< 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 >; It is not known if	1
Hematologist/Oncologist	Approval	75557 Cardiac MRI Morph & structure w/o contrast		
Hematologist/Oncologist	Approval	75557 Cardiac MRI Morph & structure w/o	This is a request for a heart or cardiac MRI	1
Hematologist/Oncologist	Approval	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 history of breast cancer.; It is not known if this is an individual who has known breast cancer in the contralateral (other) breast. 6 month follow up scan for breast cancer -Mrs. Struble is a 53yearold lady who was diagnosed with LCIS back in 2014. Dr. Cross had followed her along and diagnosed the LCIS and just recommended MRIs and mammograms per the Breast Centers	1
Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	recommendation. Sh; This is a request for Breast MRI.; This study is being ordered for a known history of PATIENT HAS HISTORY OF RADIATION TO CHEST DUE TO HISTORY OF HODGKINS.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.;	1
Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern Pt had ultrasound that showed nodules and has a diagnosis of breast cancer.;	1
Hematologist/Oncologist	Approval	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 history of breast cancer.; It is not known if this is an individual	1
Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	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.	3

Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	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	2
Hematologist/Oncologist	Approval	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 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	4
Hematologist/Oncologist	Approval	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 history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	2
Hematologist/Oncologist	Approval	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 suspected implant rupture.; Yes,this study is being ordered to evaluate a suspected silicone implant rupture.	1
Hematologist/Oncologist	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	This patient has been diagnosed with invasive breast cancer. She has completed neoadjuvant chemotherapy. Request bilateral breast MRI for residual tumor size for surgical planning.; 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.	1
Hematologist/Oncologist	Approval	77084 Magnetic resonance imaging, bone marrow blood supply	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	77084 Magnetic resonance imaging, bone marrow blood supply	RESTAGING POST 7/19/17 - 08/3/17 HOSPITAL ADMISSION; This is a request for an MRI Bone Marrow.	1

Hematologist/Oncologist	Approval	77084 Magnetic resonance imaging, bone marrow blood supply	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	4
Hematologist/Oncologist	Approval	77084 Magnetic resonance imaging, bone marrow blood supply	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	3
Hematologist/Oncologist	Approval	77084 Magnetic resonance imaging, bone marrow blood supply	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	2
Hematologist/Oncologist	Approval	77084 Magnetic resonance imaging, bone marrow blood supply	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	10
Hematologist/Oncologist	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	patient had CAD bypass surgery 2007	
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	Enter answer here - or Type In Unknown If No Info Given	
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	Initial staging for breast 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	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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	2
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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.; CHEMO	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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	2
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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.; Enter answer here - or Type In Unknown If No Info Today, he state his sob is a little worse, he his having to use his inhalers more, no new pain, no fever. Given.	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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.; pt complaining of sob.	1

Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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.; RESPONSE TO TOXIC CHEMO	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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.	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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.	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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.	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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.;	10
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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.	1

Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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.; 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.;	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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.; 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.;	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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.;	6
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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 patient has not had a previous MUGA scan.; < Enter answer here - or Type In Unknown If No Info Given. >	2
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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 patient has not had a previous MUGA scan.; Enter	1

Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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 patient has not had a previous MUGA scan.;	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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 patient has not had a previous MUGA scan.; Patient will having high dose chemotherapy prior to Stem Cell Transplant.	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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 not be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.;	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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 not be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.; EKG 6/29/2017	

Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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 not be undergoing more chemotherapy.; The last MUGA scan was performed	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; The last MUGA scan was performed within the last 3 months.; Restaging, prior	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; The last MUGA scan was	2
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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.;	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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.; < Enter answer here - or Type In Unknown If No Info Given. >	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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.; MAKE SURE HEART CAN HANDLE CARDIO TOXIC CHEMO	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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.; NEEDED BEFORE THE START OF CHEMO	1

Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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.; NEWLY DIAGNOSED BREAST CANCER WILL BE ON CARIDOTOXIC CHEMO	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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.; PRIOR TO START OF CHEMO TO MAKE SURE HEART IS STRONG ENOUGH	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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.; Pt has abnormal ejection fraction on echocardiogram.	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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.; Staging for high dose chemotherapy.	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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.; STARTING CHEMO 9/14/17	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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.; unknown	4
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Known Cardiomyopathy/ Myocarditis.; There are EKG findings consistent with cardiomyopathy	1

Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1
Hematologist/Oncologist	Approval	78472 CARDIAC OR HEART BLOOD POOL 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Hematologist/Oncologist	Approval	78813 PET IMAGING 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 Hematologist/Oncologist	1
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	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
Hematologist/Oncologist	Approval	78813 PET IMAGING WHOLE BODY	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 sstudy, or biopsy.; 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.	1
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 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.	14

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 Colo-rectal Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	3
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 Melanoma.; This is NOT for evaluation of regional lymph nodes.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.	1
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 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
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 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.	1

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 Breast 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.	1
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 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.	2
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 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 sings or symptoms.; This is NOT a Medicare member.	2
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.; 1 PET Scans has already been performed on this patient for this cancer.	2
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 is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; 2 PET Scans	2

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	2
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.; It is unknown if the patient completed a course of treatment initiated in the last 8 weeks or are	1
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	2
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.; 3 PET Scans have already been	1
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.; It is unknown how many PET	1
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.; 2 PET Scans have	1

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 study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new sings or symptoms.; This is NOT a Medicare member.	1
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 small cell lung cancer.; This is NOT a Medicare member.	1
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 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.	6
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 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 sings or symptoms.; This is NOT a Medicare member.	1

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 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.	1
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 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.	1
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 Melanoma.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they are experiencing new sings or symptoms.; This is NOT a Medicare member.	1
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 Ovarian or Esophageal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		1

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	< 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 < 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Assess for disease 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 a Breast MRI, CT Colonoscopy, EBCT, MRS,	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Assess for disease response to treatment, dx of colon 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	ASSESS RESPONSE TO TREATMENT RESTAGING; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered. FAX; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	follow up to previous exam 8/17/16. last pet was 2015.; 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.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	INITIAL STAGING NEWLY DIAGNOSED LUNG 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	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	INITIAL STAGING OF KNEWLY DIAGNOSED BREAST CANCER WITH BONE METS; 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.	1

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Newly diagnosed cancer Intrahepatic bialduct carcinoma; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	RESTAGING BREAST 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	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	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	restaging for head/neck ca; malignant neoplasm base of tongue; still being treated; This study is being ordered for a metastatic disease.; There are 4 exams	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	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	1

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	RESTAGING SCANS COLON 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	RESTAGING SCANS DURING TREATMENT: restaging scans/ SQUAMOUS CELL LUNG CANCER; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	RESTAGING SCLC; 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	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	RESTAGING; 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	7
Hematologist/Oncologist	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	8
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	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	13

Hematologist/Oncologist	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 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.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	2
Hematologist/Oncologist	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 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.	11
Hematologist/Oncologist	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 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.	1
Hematologist/Oncologist	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.	1

Hematologist/Oncologist	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 Lung Cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	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 Lymphoma or Myeloma.; This is NOT a Medicare member.	1
Hematologist/Oncologist	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 Melanoma.; This is NOT a Medicare member.	1
Hematologist/Oncologist	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 a more than 1 of the following; diagnostic test, imaging sstudy, 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	1
Hematologist/Oncologist	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 a more than 1 of the following; diagnostic test, imaging sstudy, 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	1
Hematologist/Oncologist	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 Thyroid	1

Hematologist/Oncologist	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 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.	1
Hematologist/Oncologist	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 something other than a 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 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	1
Hematologist/Oncologist	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.	1
Hematologist/Oncologist	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.	8

Hematologist/Oncologist	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 Brain Cancer/Tumor or Mass.;	1
Hematologist/Oncologist	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 Brain Cancer/Tumor or Mass.;	2
Hematologist/Oncologist	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 Breast Cancer.; It is unknown if this	1
Hematologist/Oncologist	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 Breast Cancer.; This is for	6
Hematologist/Oncologist	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 Breast Cancer.; This is NOT for an evaluation of axillary lymph nodes.; It is unknown how	1
Hematologist/Oncologist	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 Breast Cancer.; This is NOT for an evaluation of axillary lymph nodes.; This would be the	5

Hematologist/Oncologist	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.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	2
Hematologist/Oncologist	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.	10
Hematologist/Oncologist	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 Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be	6
Hematologist/Oncologist	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 Head/Neck Cancer.; The patient has Thyroid cancer.; This would be the first PET Scan	1
Hematologist/Oncologist	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	8
Hematologist/Oncologist	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 Lymphoma or Myeloma.; 2 PET Scans have already been performed on this patient for	1

Hematologist/Oncologist	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 Lymphoma or Myeloma.; 3 PET Scans have already been performed on this patient for	1
Hematologist/Oncologist	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 Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient	10
Hematologist/Oncologist	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 Melanoma.; It is unknown if this is	1
Hematologist/Oncologist	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 Melanoma.; This is for evaluation	1
Hematologist/Oncologist	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 Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This would be the first PET Scan	2
Hematologist/Oncologist	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 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.	15

Hematologist/Oncologist	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 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	9
Hematologist/Oncologist	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 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 Brain Cancer/Tumor or Mass.; This is NOT a Medicare member.	2
Hematologist/Oncologist	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 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.	4
Hematologist/Oncologist	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 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.	12

Hematologist/Oncologist	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 subsequent treatment.; This study is being requested for Breast 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.	8
Hematologist/Oncologist	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 subsequent treatment.; This study is being requested for Breast 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.	2
Hematologist/Oncologist	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 subsequent treatment.; This study is being requested for Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 4 PET Scans have already been	1
Hematologist/Oncologist	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 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	2
Hematologist/Oncologist	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 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	7

Hematologist/Oncologist	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 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	4
Hematologist/Oncologist	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 subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; 3 PET Scans have already been	2
Hematologist/Oncologist	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 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	1
Hematologist/Oncologist	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 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	5
Hematologist/Oncologist	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 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 sings or symptoms.; This is NOT a Medicare member.	4
Hematologist/Oncologist	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 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	1

Hematologist/Oncologist	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 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.	4
Hematologist/Oncologist	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 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.	4
Hematologist/Oncologist	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 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.	3
Hematologist/Oncologist	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 subsequent treatment.; This study is being requested for Colo-rectal 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.	3
Hematologist/Oncologist	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 subsequent treatment.; This study is being requested for Colo-rectal 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.	3

Hematologist/Oncologist	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 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.	5
Hematologist/Oncologist	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 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.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	5
Hematologist/Oncologist	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 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	2
Hematologist/Oncologist	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 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.; This would be	2
Hematologist/Oncologist	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 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	4

Hematologist/Oncologist	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 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	1
Hematologist/Oncologist	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 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	2
Hematologist/Oncologist	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 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	2
Hematologist/Oncologist	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 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	1
Hematologist/Oncologist	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 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.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	2

Hematologist/Oncologist	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 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.; This would be the	1
Hematologist/Oncologist	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 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	1
Hematologist/Oncologist	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 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.	2
Hematologist/Oncologist	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 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.	5

Hematologist/Oncologist	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 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.	5
Hematologist/Oncologist	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 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.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	3
Hematologist/Oncologist	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 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.; It is unknown how many PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1

Hematologist/Oncologist	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 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.	7
Hematologist/Oncologist	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 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.; 2 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	2
Hematologist/Oncologist	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 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.; 3 PET Scans have	2
Hematologist/Oncologist	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 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.; 4 PET Scans have	1

Hematologist/Oncologist	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 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.; This would be the	1
Hematologist/Oncologist	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 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	3
Hematologist/Oncologist	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 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.	3
Hematologist/Oncologist	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 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	10
Hematologist/Oncologist	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 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	21

Hematologist/Oncologist	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 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.	2
Hematologist/Oncologist	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 subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; 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.	1
Hematologist/Oncologist	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 subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; 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.	4
Hematologist/Oncologist	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 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.	6

Hematologist/Oncologist	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 subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; 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.	4
Hematologist/Oncologist	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 subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; 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.	1
Hematologist/Oncologist	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 subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; More than 4 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	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 subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; 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.	3

Hematologist/Oncologist	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 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	6
Hematologist/Oncologist	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 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	4
Hematologist/Oncologist	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 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	2
Hematologist/Oncologist	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 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.	1
Hematologist/Oncologist	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 subsequent treatment.; This study is being requested for Melanoma.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they	3
Hematologist/Oncologist	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 subsequent treatment.; This study is being requested for Ovarian or Esophageal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has	1

Hematologist/Oncologist	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 subsequent treatment.; This study is being requested for Ovarian or Esophageal 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.	1
Hematologist/Oncologist	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 subsequent treatment.; This study is being requested for Ovarian or Esophageal 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.	2
Hematologist/Oncologist	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 subsequent treatment.; This study is being requested for Ovarian or Esophageal 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.	1
Hematologist/Oncologist	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 subsequent treatment.; This study is being requested for Ovarian or Esophageal 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.	1

Hematologist/Oncologist	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 subsequent treatment.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.	3
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	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.	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	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.	3
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	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 Melanoma.; This is for evaluation of regional lymph nodes.; This is NOT a Medicare member.	2
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	3

Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	3
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1
Hematologist/Oncologist	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	5
Hematologist/Oncologist	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	3
Hematologist/Oncologist	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 Evaluation of Left Ventricular Function.; The patient does not have a history of a	2

Hematologist/Oncologist	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 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.	1
Hematologist/Oncologist	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 Evaluation of Pulmonary Hypertension.	1
Hematologist/Oncologist	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	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	1
Hematologist/Oncologist	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening	Smoking addiction	
Hematologist/Oncologist	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.; 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.	2

Hematologist/Oncologist	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 has not quit smoking.	3
Hematologist/Oncologist	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 study is 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.;	3
Hematologist/Oncologist	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	Assess for disease 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary		1

Hematologist/Oncologist	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	RESTAGING; 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 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	1
Hematologist/Oncologist	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	lymphadenopathy, or mass.; Yes this is a request for a	1
Hematologist/Oncologist	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	Problem # 2: Weakness, left side of body (ICD-342.90) (ICD10-G81.90)	
Hematologist/Oncologist	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	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.	1
Hematologist/Oncologist	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	Problem # 2: Weakness, left side of body (ICD-342.90) (ICD10-G81.90)	

Hematologist/Oncologist	Disapproval	70547 Mr angiography neck w/o dye	Radiology Services Denied Not Medically Necessary	Problem # 2: Weakness, left side of body (ICD-342.90) (ICD10-G81.90) Patient may be suffering depression and difficulty sleeping; 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	
Hematologist/Oncologist	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary		1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	"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 < 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	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< 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 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 < 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	1

Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	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 3 exams are being ordered.; 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 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	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	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
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	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 not been any treatment or conservative therapy.;	1

Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	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.; weight loss of 36 lbs with poor appetite. b12 deficiency 09/13/2017; 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	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	ABNORMAL FINDINGS; 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 Enter answer here - or Type In Unknown If No Info GivShe comes today for her initial clinic visit. She c/o a low energy level and occasional discomfort in her left chest, which she says has been worked up and was negative. She has never seen a Cardiologis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease,	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease,	1

Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	follow up to previous exam 8/17/16. last pet was 2015.; 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 NEED TO RULE OUT LUNG CANCER BY CHEST CT AS PART OF WORKUP FOR SECONDARY POLYCYTHEMIA. PATIENT HAD A ABDOMEL CT IN JULY 2017 AND A RENAL ULTRASOUND IN MARCH OF 2017, BOTH SHOWED RENAL CYSTS AND RIGHT KIDNEY SCARRING	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	BUT NO TUMOR FOUND; 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.; Newly diagnosed cancer Intrahepatic bialduct carcinoma; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	NONE GIVEN; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	RESTAGING BREAST CANCER; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or 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	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	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

Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	RESTAGING 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or RESTAGING; 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	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	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	4
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	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	2
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	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	1

Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Patient with known AML. Recent CT Chest showed "trace tree-in-bud opacities in the RML and LLL, likely reflecting an infectious/inflammatory process." Physician consulted with another physician aiding in patient care and suggested close follow up (1 week); "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	1
Hematologist/Oncologist	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	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	Disapproval	71250 CT CHEST, THORAX 71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Hematologist/Oncologist	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	chest pain with deep inspiration, intermittent, Hodgkin Disease  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	1
Hematologist/Oncologist	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; ; It is not known if there has been any treatment or conservative therapy.;	1
Hematologist/Oncologist	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE 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	1
Hematologist/Oncologist	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER 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.; UNKNOWN; There has not been any treatment or conservative therapy.; PAIN	1
Hematologist/Oncologist	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 has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	1

Hematologist/Oncologist	Disapproval	72192 CT PELVIS 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.; weight loss of 36 lbs with poor appetite. b12 deficiency 09/13/2017; 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	1
Hematologist/Oncologist	Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	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
Hematologist/Oncologist	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	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	1
Hematologist/Oncologist	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Ms. OBryan presents for follow-up. She has increasing problems with pain, mostly her low back pain that we have never really been able to elucidate the exact cause, but seems to be a very prominent issue at present. We will continue supportive care on her; 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.	1

Hematologist/Oncologist	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	checking for avascular necrosis; This study is 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.;	2
Hematologist/Oncologist	Disapproval	74150 CT ABDOMEN 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.; weight loss of 36 lbs with poor appetite. b12 deficiency 09/13/2017; 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	1
Hematologist/Oncologist	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	CONTINUED SURVEILLANCE 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.; FOLLW UP TO PULMANRY NODULES AND HEPATIC STEATOSIS; There has been treatment or conservative therapy.; KNOWN PULMONARY NODULES AND HEPATIC STENOSIS ANNUAL FOLLOW UP; PHLEBOTOMY, ASA,IRON POOR DIET.	1

Hematologist/Oncologist	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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	1
Hematologist/Oncologist	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis. < Enter answer here - or Type In Unknown If No Info Given. >;	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O 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. < Enter answer here - or Type In Unknown If No Info Given. >;	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT ; This is a request for an abdomen-pelvis CT combination.; This study is being requested for abdominal and/or pelvic pain.;	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The	1

				Enter answer here - or Type In Unknown If No Info GivShe comes today for her initial clinic visit. She c/o a low energy level and occasional discomfort in her left chest, which she says has been worked up and was negative. She has never seen a Cardiologis; This study is 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.;	
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Newly diagnosed cancer Intrahepatic bialduct carcinoma; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	NONE GIVEN; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast RESTAGING BREAST CANCER; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	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	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	restaging for head/neck ca; malignant neoplasm base of tongue; still being treated; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	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
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	RESTAGING 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	RESTAGING; 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	4
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	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
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	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	1

Hematologist/Oncologist	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 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
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
Hematologist/Oncologist	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 something other than known breast cancer, known breast lesions, screening for known family history, screening following genetic testing or a	2

Hematologist/Oncologist	Disapproval	78813 PET IMAGING WHOLE BODY	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 an other solid tumor.; This is NOT a Medicare member.	1
Hematologist/Oncologist	Disapproval	78813 PET IMAGING WHOLE BODY	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 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	1
Hematologist/Oncologist	Disapproval	78813 PET IMAGING WHOLE BODY	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 requested for Lung Cancer.; The patient has been diagnosed with small cell lung cancer.; This is < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	Initial staging for breast cancer.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

				Ms. OBryan presents for follow-up. She has increasing problems with pain, mostly her low back pain that we have never really been able to elucidate the exact cause, but seems to be a very prominent issue at present. We will continue supportive care on her; 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.		
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary		1	
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	NONE GIVEN; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast RESTAGING DURING TREATMENT; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; RESTAGING HEAD AND NECK 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of RESTAGING 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or		1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary		1	
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary		1	
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary		1	

Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	RESTAGING SCANS AFTER TREATMENT; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered. RESTAGING SCANS ONGOING TREATMENT TO ASSESS RESPONSE TO TREATMENT.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	RESTAGING 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	restaging scans; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	RESTAGING SCANS; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	STAGING NSCLC RIGHT UPPER LOBE; 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	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; 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.;	1
Hematologist/Oncologist	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; It is unknown why the study is being ordered.; This study is being requested for Colo-rectal Cancer.;	1
Hematologist/Oncologist	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 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.;	1
Hematologist/Oncologist	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 initial treatment (after a diagnosis of Cancer has been made).; This study is being requested for Head/Neck Cancer.;	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	The patient does NOT have Thyroid or Brain cancer.;	1
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	2 PET Scans 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.;	2

Hematologist/Oncologist	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 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.	4
Hematologist/Oncologist	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 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 Breast Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; 1 PET Scans has already been performed	4
Hematologist/Oncologist	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 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	1
Hematologist/Oncologist	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 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.; More than 4 PET Scans have already been performed on this patient	2
Hematologist/Oncologist	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 subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs, symptoms indicating a reoccurrence of cancer or a rising CEA.; More than 4 PET Scans have already been performed on this patient	2

Hematologist/Oncologist	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 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.; 3 PET Scans have already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Hematologist/Oncologist	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 subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with small cell lung cancer.; This is 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.;	3
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	The patient completed a course of treatment initiated within the last 8 weeks.; 3 PET Scans have already been	1
Hematologist/Oncologist	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 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 sings or symptoms.; This is NOT a Medicare member.	2
Hematologist/Oncologist	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 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.	1

Hematologist/Oncologist	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 subsequent treatment.; This study is being requested for Melanoma.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; More than 4 PET Scans have	1
Hematologist/Oncologist	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 subsequent treatment.; This study is being requested for Melanoma.; The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or because they	2
Hematologist/Oncologist	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 subsequent treatment.; This study is being requested for Soft Tissue Sarcoma,	2
Hematologist/Oncologist	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 to establish a cancer diagnosis.; This study is being requested for Breast Cancer.; This is	3
Hematologist/Oncologist	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1
Hematologist/Oncologist	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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 Evaluation of Left Ventricular Function.; The patient does not have a history of a ; 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	1
Hematologist/Oncologist	Disapproval	G0297 Low dose CT scan (LDCT) for lung cancer screening	Radiology Services Denied Not Medically Necessary	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	1

Hospital	Approval	74181 MRI ABDOMEN 93307 TTHRC R-T IMG 2D +-M-MODE REC		This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are physical findings or abnormal blood work	1
Hospital	Approval	COMPL		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; HISTORY OF GALLSTONES, DIAGNOSED IN 2013; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral	1
Industrial Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		headaches get more frequent and worse, having ear pain with headaches; This request is for a Brain MRI;	
Industrial Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The study is being requested for evaluation of a	1
Infectious Diseases	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.	1
Infectious Diseases	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is	1
Infectious Diseases	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		Fever of unknown origin "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	
Infectious Diseases	Approval	71250 CT CHEST, THORAX		< 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	1
Infectious Diseases	Approval	71250 CT CHEST, THORAX			2

Infectious Diseases	Approval	71250 CT CHEST, THORAX	< 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 ; 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 6 MONTH F/U FROM CT DONE IN JANUARY 2017, PREVIOUS CT SHOWED A 1.3 CM LUL NODULE; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being	1
Infectious Diseases	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes this is a 6 MONTH F/U FROM CT DONE IN JANUARY 2017, PREVIOUS CT SHOWED A 1.3 CM LUL NODULE; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being	1
Infectious Diseases	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes	1
Infectious Diseases	Approval	71250 CT CHEST, THORAX	Fever of unknown origin	
Infectious Diseases	Approval	71250 CT CHEST, THORAX	It is not known if there is radiologic evidence of non-resolving pneumonia.; It is not known if there is radiologic evidence of asbestosis.; pt was expose to mold; "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."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; A	1
Infectious Diseases	Approval	71250 CT CHEST, THORAX	rashed out with the bactrim. for the past 3 days he's had some swelling in the upper chest and is worried. He has a little fluctuance there. I'm seeing him today in clinic. no fever, resolving rash on the trunk. sternal wound closed, no drainage, no cell; A Chest/Thorax CT is being ordered.; The study is being ordered for none	1

Infectious Diseases	Approval	71250 CT CHEST, THORAX	The last chest CT was performed within the last 6 months.; There is no radiologic evidence of non-resolving pneumonia.; From Chest CT on 5/25/17:~x0D;	
Infectious Diseases	Approval	71250 CT CHEST, THORAX	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.; Skin lesions; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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
Infectious Diseases	Approval	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; 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.;	1

Infectious Diseases	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; check on osteomyelitis before stopping antibiotics	1
Infectious Diseases	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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; No, there are no documented clinical findings of Multiple sclerosis.	1
Infectious Diseases	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	2
Infectious Diseases	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	2
Infectious Diseases	Approval	73700 CT LEG OR LOWER EXTREMITY	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 ; This is a request for a foot MRI.; Surgery or other intervention is not planned for in the next 4 weeks.;	1
Infectious Diseases	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming < 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.;	1
Infectious Diseases	Approval	74176 CT ABD & PELVIS W/O CONTRAST	One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
Infectious Diseases	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Fever of unknown origin	

Infectious Diseases	Approval	74176 CT ABD & PELVIS W/O CONTRAST		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	1
Infectious Diseases	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 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.; Skin lesions; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
Infectious Diseases	Approval	74176 CT ABD & PELVIS W/O CONTRAST		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."; MRI performed on	1
Infectious Diseases	Approval	74181 MRI ABDOMEN		06/30/17 showed multiple small abscesses as well as a	1
Infectious Diseases	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	chest pain He returns in f/u of pulmonary cryptococcal infection in setting of ESRD. He has not had sputum pdt for the last month as he had previously had. He does continue to cough. He is no longer taking PPI or H2 blocker but does take gavisocn in the evening a; A Chest/Thorax CT is being ordered.; The study is being ordered for none	
Infectious Diseases	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary		1

Infected Diseases	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for Inflammatory/ Infectious Disease.; 1/2016; There has been treatment or conservative therapy.; fever, chest pain, abdominal	
Infected Diseases	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	none; This study is being ordered for Inflammatory/ Infectious Disease.; 1/2016; There has been treatment or conservative therapy.; fever, chest pain, abdominal	
Internal Medicine	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD		< 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 other indications	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 0707/2017; There has been treatment or conservative therapy.; neck pain and headaches, pt	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; July 6th MVA; There has been treatment or ; 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	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD			1

Internal Medicine	Approval	70450 CT BRAIN, HEAD	; 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.; Severe Claustrophobia is the reason an MRI	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD	; This is a request for a brain/head CT.; This study is requested for a new onset of seizures or newly	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD	; This study is being ordered for trauma or injury.; ; 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	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD	MEMORY LOSS,RULE OUT CVA; 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 patient face planted a tree stub when his tractor he was driving started rolling to the right side, he jumped off to the left and face planted a tree stump, been having, major headaches, nausea, vomiting ever since.;	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD	This study is being ordered for trauma or injury.; 3 weeks ago, end of july; There has not been any Patient had a fall 2 weeks and hit head, went to the ER. Abnormal Ultrasound showed brain bleeding, recommended CT.; This is a request for a brain/head	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD	CT.; The study is being requested for evaluation of a POSSIBLE STROKE; 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	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD	neurologic symptoms.; This study is being ordered for pt was involved in MVA and has symptoms of a concussion and needs a CT of the head, xrays of the C-Spine and left shoulder and probably an MRI of the left shoulder.;	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.;	1

Internal Medicine	Approval	70450 CT BRAIN, HEAD	pt with hx of seizures and htn with syncope and collapse, continued dizziness; 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 the patient is having syncope and headaches she has a H/O dvt and has several chronic health issues; 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	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD	The Pt has headache, frequent, recurring, instability, falling.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD	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	1
Internal Medicine	Approval	70450 CT BRAIN, 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.; The headache is described as a "thunderclap" or the worst headache of the patient's life.; The patient does NOT	8
Internal Medicine	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	2
Internal Medicine	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	5
Internal Medicine	Approval	70450 CT BRAIN, HEAD	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	17
Internal Medicine	Approval	70450 CT BRAIN, HEAD	one-sided weakness, vision defects, speech	2

Internal Medicine	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is being requested for a history of stroke, (CVA) known or	2
Internal Medicine	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is requested for known or suspected bleed such as	1
Internal Medicine	Approval	70450 CT BRAIN, HEAD	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a	1
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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 (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	1

Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Patient continues to have chronic sinusitis problems, 2-3 episodes yearly. Patient had bilat maxillary sinus surgery 3-4 years ago, but continues to suffer with this condition. Pt. has h/o asthma and chronic bronchitis, which seems to be affected by his; 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 patient face planted a tree stub when his tractor he was driving started rolling to the right side, he jumped off to the left and face planted a tree stump, been having, major headaches, nausea, vomiting ever since.; This study is being ordered for trauma or injury.; 3 weeks ago, end of july; There has not been any	1
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	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	1
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	3
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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	5
Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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 Recurrent Acute	6

Internal Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO 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.; 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	1
Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		1
Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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 < Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 09/13/17; There has not been any treatment or conservative therapy.; 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 ADENOCARCINOMA OF THE LEFT LOWER LOBE. PT FINISHED TX. DR WANTING FOLLOW UP 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	1
Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		1

Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Patient has non tender cervical nodes on left.; 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 Pt has seen both her PCP and a general surgeon. She has had an ultrasound guided biopsy and has been prescribed both pain medication and muscle relaxers; This study is being ordered for Inflammatory/	1
Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Infectious Disease.; 06-23-2017; There has been treatment or conservative therapy.; swelling and	1
Internal Medicine	Approval	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
Internal Medicine	Approval	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.; There is a	1
Internal Medicine	Approval	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	17
Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Tonsillar enlargemenet with concerns for airway partial obstruction and laceration. doctor is wanting CT neck to rule out abscess.; 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 unknown mass of lateral neck - history of breast cancer; This study is being ordered for a metastatic	1
Internal Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	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	1

			< 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.; January 2017; There has been treatment or HEADACHE ON 08/05 AND WAS VOMITING; This study is being ordered for a neurological disorder.;	
Internal Medicine	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	08/05/2017; There has not been any treatment or conservative therapy.; MEMORY LOSS, WEAK, Radiologist recommended CTA. Pt suffers with ocular problems.; This study is being ordered for Vascular Disease.; unknown; There has not been any treatment or conservative therapy.; Pt suffers with a total occluded artery.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty	1
Internal Medicine	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Recent abnormal MRI - radiology impression notes: Irregularity and segmental beading on the M1 segments and possibly the right A1 segment.The finding is nonspecific and could raise the possibility of vasculitis. Atherosclerotic disease in this young patie; This study is being ordered for Inflammatory/ Infectious Disease.; 7/19/17; It is not known if there has been any treatment or conservative therapy.;	1
Internal Medicine	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	floaters left eye, photophobic, numbness and tingling in left upper extremity. Recent abnormal MRI - radiology impression notes: Irregularity and segmental beading on the M1 segments and possibly the right A1 segment.The finding is nonspecific and could r; One of	1
Internal Medicine	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Stroke; This study is being ordered for trauma or injury.; 07/14/2017; There has not been any treatment or conservative therapy.; Headaches, Memory loss, History of TIA	1

			< 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.; January 2017; There has been treatment or HEADACHE ON 08/05 AND WAS VOMITING; This study is being ordered for a neurological disorder.;	
Internal Medicine	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	08/05/2017; There has not been any treatment or conservative therapy.; MEMORY LOSS, WEAK, Radiologist recommended CTA. Pt suffers with ocular problems.; This study is being ordered for Vascular Disease.; unknown; There has not been any treatment or conservative therapy.; Pt suffers with a total occluded artery.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty	1
Internal Medicine	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Recent abnormal MRI - radiology impression notes: Irregularity and segmental beading on the M1 segments and possibly the right A1 segment.The finding is nonspecific and could raise the possibility of vasculitis. Atherosclerotic disease in this young patie; This study is being ordered for Inflammatory/ Infectious Disease.; 7/19/17; It is not known if there has been any treatment or conservative therapy.;	1
Internal Medicine	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	floaters left eye, photophobic, numbness and tingling in left upper extremity. Recent abnormal MRI - radiology impression notes: Irregularity and segmental beading on the M1 segments and possibly the right A1 segment.The finding is nonspecific and could r; One of	1
Internal Medicine	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Stroke; This study is being ordered for trauma or injury.; 07/14/2017; There has not been any treatment or conservative therapy.; Headaches, Memory loss, History of TIA	1

Internal Medicine	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the Neck.	3
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 trauma or injury of the orbit, face or neck soft tissue ; "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
Internal Medicine	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	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 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.	1
Internal Medicine	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE		1
Internal Medicine	Approval	70544 Mr angiography head w/o dye		2
Internal Medicine	Approval	70544 Mr angiography head w/o dye	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Internal Medicine	Approval	70544 Mr angiography head w/o dye	; This study is being ordered for Congenital Anomaly.; since young; There has not been any treatment or conservative therapy.; nose bleeds, migraines	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.	1
Internal Medicine	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 had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within	1
Internal Medicine	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 been a stroke or TIA within the	1
Internal Medicine	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	1
Internal Medicine	Approval	70547 Mr angiography neck w/o dye	Brain CTA complete and showed acute infarct in the R frontal Lobe; This study is being ordered for a neurological disorder.; 07/28/2017; There has not been any treatment or conservative therapy.; confusion, memory loss, frequent PVCs on EKG Left out. Left out	1
Internal Medicine	Approval	70547 Mr angiography neck w/o dye	The patient has had a recent MRI or CT for these symptoms.; This is a request for a Neck MR	1
Internal Medicine	Approval	70547 Mr angiography neck w/o dye	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.	1
Internal Medicine	Approval	70547 Mr angiography neck w/o dye	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	1

Internal Medicine	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 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	7
Internal Medicine	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 has a sudden and severe headache.; The patient has NOT had a recent onset (within the last 3 months) of neurologic symptoms.	1
Internal Medicine	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	1

Internal Medicine	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	1
Internal Medicine	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	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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	1
Internal Medicine	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.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.; There are not intermittent or new	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< 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 >; It is not known if	1

			< 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 >; It is not known if there has been any treatment or conservative therapy.;	
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< 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, ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Internal Medicine	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 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 ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.;	2
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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.; It is not known if there is a new and ; This study is being ordered for a metastatic disease.;	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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 ; This study is being ordered for a neurological disorder.;; There has not been any treatment or conservative therapy.;	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1

Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for Congenital Anomaly.; since young; There has not been any treatment or conservative therapy.; nose bleeds, migraines	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	1. Migraine 	
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Brain CTA complete and showed acute infarct in the R frontal Lobe; This study is being ordered for a neurological disorder.; 07/28/2017; There has not been any treatment or conservative therapy.; confusion, memory loss, frequent PVCs on EKG Left out. Left out this morning and took 3 hours to get back home as she lost her memory	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	He reports a GI illness which included development of significant diarrhea. He had not experienced significant diarrhea with prior treatment and it seems this is most likely the result of intercurrent illness. He has continued to have L sided facial swe; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1

Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	hearing loss: Decreased AAAU and audiologist wants 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 patient had a normal audiogram.; The patient is experiencing hearing loss.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	numbness left side of face, left upper and right lower extremities; 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.	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient states she had a little imbalance but denies dizziness; 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

Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>patient was seen in the ER and was told by the Dr there it is possible he had MS .; 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 is experiencing dizziness.</p> <p>Pt Need Growth Hormone Deficiency MRI per request of ACH Endocrine; 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, seizures; 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</p>	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>taking xalreto, took her off blood thinner, caused stroke, patient assumed had a small stroke due to them taking her off medication; This study is being ordered for Vascular Disease.; 5/2017; There has been treatment or conservative therapy.; slurred speech; physical therapy, ot</p>	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>taking xalreto, took her off blood thinner, caused stroke, patient assumed had a small stroke due to them taking her off medication; This study is being ordered for Vascular Disease.; 5/2017; There has been treatment or conservative therapy.; slurred speech; physical therapy, ot</p>	1
Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>taking xalreto, took her off blood thinner, caused stroke, patient assumed had a small stroke due to them taking her off medication; This study is being ordered for Vascular Disease.; 5/2017; There has been treatment or conservative therapy.; slurred speech; physical therapy, ot</p>	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	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.; 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	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	34
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
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 recent neurological deficits on exam such as one sided	17
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 patient had a thunderclap headache or worst headache of the	3

Internal Medicine	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 associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have	4
Internal Medicine	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 associated with headache, blurred or double vision or a change in	6
Internal Medicine	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 associated with headache, blurred or double vision or a change in	2
Internal Medicine	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 associated with headache, blurred or double vision or a change in	1
Internal Medicine	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,	1
Internal Medicine	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 intermittent or new neurological symptoms or deficits	2

Internal Medicine	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	1
Internal Medicine	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 seizures; There has not been a previous	7
Internal Medicine	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 stroke or aneurysm; There are recent neurological symptoms such as one sided weakness,	7
Internal Medicine	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	3
Internal Medicine	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 a pituitary tumor or pituitary adenoma.; There are not	1
Internal Medicine	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 a	2
Internal Medicine	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 recent neurological symptoms such as one-sided weakness,	1

Internal Medicine	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 headache is 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	1
Internal Medicine	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 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	1
Internal Medicine	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 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	1
Internal Medicine	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.	2
Internal Medicine	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	2
Internal Medicine	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1

Internal Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is not known if the headache is 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.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or	1
Internal Medicine	Approval	71250 CT CHEST,		15
Internal Medicine	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	19
Internal Medicine	Approval	71250 CT CHEST, THORAX	"The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	"The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; This study is being ordered for	1
Internal Medicine	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	38
Internal Medicine	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "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	2
Internal Medicine	Approval	71250 CT CHEST, THORAX	< 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	4

Internal Medicine	Approval	71250 CT CHEST, THORAX	.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; PULLMONARY NODULE; There has not been any ; "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 ; "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 ; 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 ; 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	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT ; 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	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	Colonoscopy, EBCT, MRS, PET Scan, or Unlisted ; 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	5
Internal Medicine	Approval	71250 CT CHEST, THORAX	Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT ; This study is being ordered for Congenital Anomaly.; since young; There has not been any treatment or conservative therapy.; nose bleeds, migraines	2
Internal Medicine	Approval	71250 CT CHEST, THORAX		1
Internal Medicine	Approval	71250 CT CHEST, THORAX		1
Internal Medicine	Approval	71250 CT CHEST, THORAX		1
Internal Medicine	Approval	71250 CT CHEST, THORAX		1

Internal Medicine	Approval	71250 CT CHEST, THORAX	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/18/17; There has been treatment or conservative	0.20-0.40 g/d
Internal Medicine	Approval	71250 CT CHEST, THORAX	; This study is being ordered for trauma or injury.; unknown; There has not been any treatment or	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	; This study is being ordered for Vascular Disease.; UNKNOWN; There has been treatment or conservative therapy.; He returns in f/u of treatment of nontuberculous mycobacterial infection of lungs and liver. He has been on doxycycline and clarithromycin since 5/17 and has had no problems with the meds. He doesn't notice any change in his sx - no cough or sputum, no ; He returns in f/u of treatment of nontuberculous mycobacterial infection of lungs and liver. He has been on doxycycline and clarithromycin since 5/17 and has had no problems with the meds. He doesn't notice any change in his sx - no cough or	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	1cm nodule found on cxr on 6/14/17, patient is a long time smoker with persistent cough; "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	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	3 Mo f/u Mediastinal adenopathy showed on chest 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	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	3 month follow-up of several pulmonary nodules in a patient with tobacco use. Several nodules seen on the previous ct chest.; "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	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request	25

Internal 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 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	4
Internal Medicine	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes abnormal 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or Abnormal marrow signal of lumbosacral spine and visualized pelvic bones suspicious for marrow infiltration by 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	14
Internal Medicine	Approval	71250 CT CHEST, THORAX	ABNORMAL MRI FOR THE CHEST; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/16/2016; There has ADENOCARCINOMA OF THE LEFT LOWER LOBE. PT FINISHED TX. DR WANTING FOLLOW UP 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	1
Internal Medicine	Approval	71250 CT CHEST, THORAX		1
Internal Medicine	Approval	71250 CT CHEST, THORAX		1
Internal Medicine	Approval	71250 CT CHEST, THORAX		1

Internal Medicine	Approval	71250 CT CHEST, THORAX	copd, wheezing, severe bronchitis; 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 F/U mass; "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 family history of thoracic aneurism; 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 Follow-up from a previous CT where 11mm nodule was detected; "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 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	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	He reports a GI illness which included development of significant diarrhea. He had not experienced significant diarrhea with prior treatment and it seems this is most likely the result of intercurrent illness. He has continued to have L sided facial swe; 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 physician is a Heart surgery in the past, has a pacemaker and is having serous chest pain.; 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	1
Internal Medicine	Approval	71250 CT CHEST, THORAX		1
Internal Medicine	Approval	71250 CT CHEST, THORAX		1
Internal Medicine	Approval	71250 CT CHEST, THORAX		1
Internal Medicine	Approval	71250 CT CHEST, THORAX		1
Internal Medicine	Approval	71250 CT CHEST, THORAX		1

Internal Medicine	Approval	71250 CT CHEST, THORAX	HPI: 62 y.o.male here for follow-up. He states that he is needing to follow up on his pleural effusion of his right lung. The last visit he had CXR was obtained and did show residual from having this drained in the hospital. He states that he continues t; It is not known if there is radiologic evidence of mediastinal widening.; It is not known if there is physical or radiologic evidence of a chest wall abnormality.; A Chest/Thorax IMPRESSION : Mild scarring or atelectasis both lung bases. 6 mm pulmonary nodule right lower lobe image 55 series 4. If the patient is a low risk patient, follow-up IMPRESSION:~#xOD;	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	IMPRESSION:~#xOD; increased shortness of breath, paraesophageal hernia, left adrenal mass; "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	1
Internal Medicine	Approval	71250 CT CHEST, THORAX		
Internal Medicine	Approval	71250 CT CHEST, THORAX	LEFT MID THORACIS REGION PAIN multiple lung nodules followup ct from 2015. no other ct has been done. has COPD and elevated d-dimer-no pulm embolism. PT IS A SMOKER; 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 nodule; 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	1
Internal Medicine	Approval	71250 CT CHEST, THORAX		
Internal Medicine	Approval	71250 CT CHEST, THORAX	Patient has a history of pulmonary nodules. Per Report we need to get a follow up scan in 6 months; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being	1

Internal Medicine	Approval	71250 CT CHEST, THORAX	PATIENT HAS BREAST CANCER AND HAS BEEN HAVING MID-BACK PAIN RADIATING TO THE CHEST AREA.; 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 patient has had 2 chest xrays. elevated cough, SOB, elevated left hemi diaphragm.; A Chest/Thorax CT is	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the PROCEDURE WILL HELP CLARIFY THE REASON FOR PT SPITTING UP BLOODY STREAKS.; The patient has NOT had a chest x-ray recently.; A Chest/Thorax CT is being	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	ordered.; The study is being ordered for none of the above.; This study is being ordered for hemoptysis.; Yes Pt had an abnormal chest xray; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.;	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	This study is being ordered for work-up for suspicious pt has a lung nodule.; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	lung cancer.; The patient is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung pt has a pulmonary nodule; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	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	1

Internal Medicine	Approval	71250 CT CHEST, THORAX	pt has had CT Chest for lung cancer screening that showed multiple nodules of lung. This CT is to monitor those findings; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This Pt is needing low dose lung scan for special screening of the respiratory. Pt is a current smoker. 1 pack per day 365 pack per year with a 25 year smoking history.; 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 restaging evaluation OF METASTATIC CANCER prior to his next cycle of treatment; 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 RESTAGING OF KNOWN 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, screening for mets to the lungs; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for 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	1
Internal Medicine	Approval	71250 CT CHEST, THORAX		1
Internal Medicine	Approval	71250 CT CHEST, THORAX		1
Internal Medicine	Approval	71250 CT CHEST, THORAX		1
Internal Medicine	Approval	71250 CT CHEST, THORAX		1
Internal Medicine	Approval	71250 CT CHEST, THORAX		1

Internal Medicine	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; mbr has abnormal chest xray; "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	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; The patient was treated at local emergency department four weeks ago. He was diagnosed with bronchitis and pleurisy. He was treated with antibiotics and NASIDs. Since his visit his chest pain has worsened along with shortness of breath. He has been radiog; "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	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	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	3
Internal Medicine	Approval	71250 CT CHEST, THORAX	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 physician is a hematologist/ oncologist.; It is unknown if the diagnosis of cancer or	1

Internal Medicine	Approval	71250 CT CHEST, THORAX	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	2
Internal Medicine	Approval	71250 CT CHEST, THORAX	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	4
Internal Medicine	Approval	71250 CT CHEST, THORAX	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been unknown mass of lateral neck - history of breast 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	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1

Internal Medicine	Approval	71250 CT CHEST, THORAX	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 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	3
Internal Medicine	Approval	71250 CT CHEST, THORAX	Unknown; This study is being ordered for Vascular Disease.; 1/3/2017; There has been treatment or conservative therapy.; Near Syncope, Tachycardia,; 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 newly discovered murmur and edema - aneurysmal dilation ascending thoracic aorta of 4.5cm on last CTA; 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	1
Internal Medicine	Approval	71250 CT CHEST, THORAX	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 newly discovered murmur and edema - aneurysmal dilation ascending thoracic aorta of 4.5cm on last CTA; 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	1
Internal Medicine	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.	17
Internal Medicine	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	had one in June, didn't provide enough info, follow up; This study is being ordered for follow-up to trauma.; "The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is no radiologic evidence of mediastinal widening.; There is no physical	1

Internal Medicine	Approval	71550 MRI CHEST	Unknown; This study is being ordered for Vascular Disease.; 1/3/2017; There has been treatment or conservative therapy.; Near Syncope, Tachycardia,; 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 < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 0707/2017; There has been treatment or conservative therapy.; neck pain and headaches, pt < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; July 6th MVA; There has been treatment or conservative therapy.; numbness, tingling, neck pain,; Xray	1
Internal Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	follow up for cervical fracture in order to remove collar; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason SEVERE NECK PAIN,PAIN IS LATERAL NECK AND RIGHT POSTERIOR NECK,RADIATION OF PAIN TO THE RIGHT HEAD,SHARP AND SHOOTING. REASON FOR STUDY:HNP,MASS OR TUMOR; This study is not to be part of a Myelogram.; This is a request for a Cervical 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.;	1
Internal Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	There is a reason why the patient cannot have a 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.;	1
Internal Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	There has been a supervised	1

Internal Medicine	Approval	72125 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; This study is being ordered due to neurological deficits.; The patient is experiencing or presenting symptoms of lower extremity motor weakness documented on physical	1
Internal Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1
Internal Medicine	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	LEFT MID THORACIS REGION PAIN This is a request for a thoracic spine CT.; 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.; There is a reason why the patient cannot undergo a thoracic spine MRI.;	1
Internal Medicine	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	This is a request for a lumbar spine CT.; The patient has a history of severe low back trauma or lumbar	1
Internal Medicine	Approval	72131 CT LUMBAR SPINE, LOW BACK		1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< 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 >; 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,	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1

			< 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 ; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;	
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	ABNORMAL MRI FOR THE CHEST; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/16/2016; There has patient has low back pain due to size of breasts and is scheduled for a reduction; This study is 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 Patient with neck pain, difficulty swallowing. Has tried diclofenac - no help. Had neck surgery in 2015, need to rule out any hardware problems.; 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	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1

Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Pt had injury from falling off a horse and has continued to severe pain since, she has completed physical therapy and tried multiple medications with failing all treatment; This study is being ordered for trauma or injury.; Pt fell off horse over 1 year ago and has continued to have pain since; There has been treatment or conservative therapy.; Low back pain with sensory deficit - MRI's needed for eval; This study is being ordered for a neurological disorder.; March 2017 - cervical and lumbar surgery 10 years ago - numbness and weakness in L hand - numbness down leg - sensory deficit (decreased in L hand and L anterior thigh) on physical exam; There has been treatment or conservative therapy.; post op 10 years - numbness SHARP NECK PAIN THAT RADIATES TO LEFT ARM; 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 NUMBNESS, WEAKNESS; The patient does not have new signs or symptoms of	1
Internal Medicine	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.; It is not known	1
Internal Medicine	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	11

Internal Medicine	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	5
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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; 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	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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; It is not known if the patient demonstrate neurological deficits.; No, this patient did not have a recent course of supervised	1
Internal 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 does have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or	2
Internal 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 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	1

Internal 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; Yes, the patient demonstrate neurological deficits.; No, there is not a documented evidence of extremity weakness on	1
Internal 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; Yes, the patient demonstrate neurological deficits.; yes, there is a	46
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical 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	1
Internal Medicine	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.	12
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; <Enter 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	2
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.	2
Internal Medicine	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	5

Internal Medicine	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	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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	1
Internal Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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	1
Internal Medicine	Approval	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 ; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; NUMNESS, TINGLING, 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	3
Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		1
Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;	1
Internal Medicine	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.; The study is being ordered due to chronic back pain or suspected degenerative disease.; The patient is not experiencing sensory abnormalities such as numbness	1

Internal Medicine	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.; The study is being ordered due to trauma or acute injury within 72 hours.; Patient has severe thoracic back pain since injury at home on 07/20/2017. He has tried conservative therapy and oral medications, however,	1
Internal Medicine	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	1
Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Severe R hip pain, xray negative, continues to hurt; severe mid thoracic pain that radiates to R anterior abdomen; was treated for sepsis with IV antibiotics for 2 weeks; BP stable; weight elevated; glucose stable; continues to require Procrit for anemia;; One of the	1
Internal Medicine	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.;	3
Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	<Enter Additional Clinical Information>; The patient is experiencing or 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.;	1
Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	PATIENT HAS CHRONIC PAIN IN NECK AND UPPER BACK, HAS HAD NO RELIEF SEEING PAIN CLINIC OR DOING PHYSICAL THERAPY. HAS ALSO DONE COARSE OF STEROIDS; The patient is	1
Internal Medicine	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.;	1
Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Patient is having extremity numbness and weakness. Has tried PT for 6 weeks as well as conservative medications. Pain and numbness is	1

Internal Medicine	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.; The patient is experiencing or	1
Internal Medicine	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.; The patient is experiencing or	1
Internal Medicine	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.; The patient is experiencing or	1
Internal Medicine	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	10
Internal Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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	2
Internal Medicine	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.; HAD LUMBAR SURGERY TO REMOVE TUMOR, A MONTH AGO, HAS NOW NOTICED LUMP IN THORACIC SPINE AREA, THAT IS PAINFUL WITH NUMBNESS TO LOWER EXTREMITIES; The patient is experiencing or presenting	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		5

Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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 weakness.; Xray should arthritis; The patient does not have new signs or symptoms of bladder or	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The	3
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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 >; It is not known if	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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	1

Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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	
Internal 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 none of the above	2
Internal Medicine	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.; NUMNESS, TINGLING, 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	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	ABNORMAL MRI FOR THE CHEST; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 12/16/2016; There has	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	He is unable to walk due to the extreme nature of his 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 with known diagnosis of multiple disk bulges. He has had an episode of acute intractable pain and inability to walk. He is in the emergency room and needs this MRI as soon as possible.; The patient	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	does not have new signs or symptoms of bladder or patient has low back pain due to size of breasts and is scheduled for a reduction; This study is 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	1

Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt complaining of numbness in the upper part of his right leg.; 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 Pt had injury from falling off a horse and has continued to severe pain since, she has completed physical therapy and tried multiple medications with failing all treatment; This study is being ordered for trauma or injury.; Pt fell off horse over 1 year ago and has continued to have pain since; There has been treatment or conservative therapy.; Low back pain with	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt has been having chronic back pain and we need the MRI to clarify further treatment.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt having pain radiating down Rt leg with numbness; Hx of laminectomy; 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

Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	pt. here today as new patient. She is complaining of increasing back pain. She has exercise intolerance, muscle cramps, radiating back pain, loss of muscle mass right lateral thigh noted over the last 8 months, weakness and numbness in her legs/feet. OMT p; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	scoliosis of the LS 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.; unable to tolerate PT, radiating 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.	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	sensory deficit - MRI's needed for eval; This study is being ordered for a neurological disorder.; March 2017 - cervical and lumbar surgery 10 years ago - numbness and weakness in L hand - numbness down leg - sensory deficit (decreased in L hand and L anterior thigh) on physical exam; There has been treatment or conservative therapy.; post op 10 years - numbness and weakness in L hand - numbness down leg - sensory deficit (decreased in L hand and L anterior thigh) on physical exam; Mobic & Aleve	

Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	SHE HAS CHRONIC BACK PAIN FOLLOWING MVA IN 1995 AND SEE'S PAIN SPECIALIST.PT IS ON COUMADIN AND CANNOT TAKE ANTI INFLAMMATORY MEDS.SHE HAS PROTEIN S DEF. AND HAS A HX OF DVT.CHRONIC MIDLINE LOW BACK PAIN W/O SCIATICA.; 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	1
Internal 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 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
Internal 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 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	1
Internal 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	4
Internal Medicine	Approval	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 Pre-operative evaluation; The patient has not had a Lumbar Spine	1

Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient	1
Internal 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.; This procedure is being requested for Neurologic deficits	2
Internal 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	87
Internal 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 an Abnormal nerve study involving the lumbar spine	3
Internal 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 an Abnormal x-ray indicating a significant abnormality	22
Internal 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 Neurological deficit(s)	30
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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 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.;	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	There is weakness.; Weakness in her legs, partial loss of feeling; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The Unknown; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Internal Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		1

Internal Medicine	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for some other reason than the choices given.; This is a request for a CHRONIC ABDOMINAL PAIN,EXCESSIVE BLOATING,INDIGESTION,GAS,H/O GASTROESOPHAGEAL REFLUX DISEASE W/ESOPHAGITIS; This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist,	1
Internal Medicine	Approval	72192 CT PELVIS WITHOUT CONTRAST	gastroenterologist, or infectious disease specialist or Has some vague pelvic pressure. US in India showed BPH. Has been on Cipro nearly 3 weeks. Not on Flomax. BP elevated. No nocturia. Fairly good urinary stream. Sleeping well. Allergies a challenge now. Weight down from 203 to 196.vague pelvic pain which at; This study is being ordered due to organ enlargement.; There is ultrasound or plain film evidence of a pelvic organ	1
Internal Medicine	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The	1
Internal Medicine	Approval	72196 MRI PELVIS	< 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.; 2015; 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	1
Internal Medicine	Approval	72196 MRI PELVIS	; 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 lower back pain, and thoracic spine pain; This is a request for a Pelvis MRI.; The request is not for any of	1

			Malignant neoplasm of lateral wall of bladder; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.;	1
Internal Medicine	Approval	72196 MRI PELVIS		
Internal Medicine	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	4
Internal Medicine	Approval	72196 MRI PELVIS	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 The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	2
Internal Medicine	Approval	72196 MRI PELVIS	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	1
Internal Medicine	Approval	73200 CT ARM OR UPPER EXTREMITY	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	1
Internal Medicine	Approval	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	1
Internal Medicine	Approval	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	1
Internal Medicine	Approval	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	1
Internal Medicine	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 arthrscopy is not scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of tendon,	1

Internal Medicine	Approval	73221 MRI JOINT OF UPPER 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.;	
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for trauma or injury.;	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	unknown; There has not been any treatment or 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.";	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Lucency was shown around the 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	1
Internal Medicine	Approval	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	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.;	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The patient has completed and failed a course of conservative treatment of at least 4 weeks.;	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The ordering physician The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.;	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The patient has completed and failed a course of conservative treatment of at least 4 weeks.;	31
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The ordering physician is not an orthopedist.;	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The patient has a documented limited range of motion on physical examination.;	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.;	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The patient has completed and failed a course of conservative treatment of at least 4 weeks.;	31
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The ordering physician	31

Internal Medicine	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 not completed and failed a course of conservative treatment of at least 4 weeks.; HPI X2 weeks right shoulder pain radiates up neck/down to elbow, no	1
Internal Medicine	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 not completed and failed a course of conservative treatment of at least 4 weeks.; INJECTIONS MAY HELP RIGHT SHOULDER PAIN.NSAIDS CAUSE STOMACH ISSUES,SO HAS BEEN USING TYLENOL W/O RELIEF,USED TRAMADOL BEFORE.SHOULDER PAIN,JOINT	1
Internal Medicine	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 not completed and failed a course of conservative treatment of at least 4 weeks.; MRI ordered to Rule out	1
Internal Medicine	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 not completed and failed a course of conservative treatment of at least 4 weeks.; Patient has failed	1
Internal Medicine	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 not completed and failed a course of conservative	1
Internal Medicine	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 not completed and failed a course of conservative	1
Internal 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 NOT experiencing joint locking or instability.; The patient	1

Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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.	1
Internal Medicine	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 completed 6 weeks of physical therapy?	2
Internal Medicine	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	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.; 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 has completed and failed a course of conservative treatment of at least 4 weeks.;	1
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The ordering physician is not an orthopedist.; The 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	3

Internal 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 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.	1
Internal 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 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 unknown; The pain is not from a recent injury, old injury, chronic pain or a mass.; This request is for a wrist MRI.; This study is requested for evaluation of	2
Internal Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY		1
Internal Medicine	Approval	73700 CT LEG OR LOWER EXTREMITY		1
Internal Medicine	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	1
Internal Medicine	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	1

Internal Medicine	Approval	73700 CT LEG OR LOWER EXTREMITY	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 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	1
Internal Medicine	Approval	73700 CT LEG OR LOWER EXTREMITY	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 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 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	1
Internal Medicine	Approval	73700 CT LEG OR LOWER EXTREMITY	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	2
Internal Medicine	Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Yes, this is a request for CT Angiography of the lower extremity.	2
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		2
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; 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.	1

Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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 from a recent injury.; There is a suspicion of a meniscus, tendon, or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;	2
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This study is being ordered for trauma or injury.; 9/1/2016; There has been treatment or conservative therapy.; PAIN,SWELLING,EFFUSION, AND RADICULOPATHY; PATIENT HAS TRIED OC TYLENOL AND IBUPROFEN AND AT HOME PT AND HAD INJECITONS ON 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	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	CRP, lab done very elevated; 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	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Recent injury to left knee, worsening pain, swelling, decreased ROM, abnormal meniscus; 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	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1

Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	2
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	3
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; The patient 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.; The plain films were normal.; mri	1
Internal Medicine	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	2
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Instability	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Limited range of motion	2

Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Locking	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	4
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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,	1

Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	5
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	8
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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,supsected tumor or Aseptic Necrosis;	1
Internal Medicine	Approval	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 not an orthopedist.; Suspected meniscus, tendon, or ligament injury; No, there is no known trauma involving the knee.; Pain greater than 3 days; No, the member do not	1
Internal Medicine	Approval	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 not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes,	1
Internal Medicine	Approval	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 not normal.; The ordering physician is not an orthopedist.;	1
Internal Medicine	Approval	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 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	1

Internal Medicine	Approval	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 not normal.; The ordering physician is not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes, 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.;	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,suspected tumor or 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.;	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	UNKNOWN; Suspicious Mass or Suspected 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	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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; 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	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		2

Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; This is a request for a Knee MRI.; The patient has not had recent plain films of the knee.; The patient has not had recent plain films of the knee.; The ordering physician is not an orthopedist.; The ordering physician is not an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Pain greater than 3 days; Pain greater than 3 days; Yes, patient has completed and failed a course of	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Internal Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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 a study for a fracture which does not show healing (non-	1
Internal Medicine	Approval	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 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	3
Internal Medicine	Approval	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 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	1

Internal Medicine	Approval	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	4
Internal Medicine	Approval	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	1
Internal Medicine	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	1
Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	history of new onset of severe pain in the ankle within 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.	1
Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 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	1
Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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	1

Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 receiving long-term steriod therapy (Prednisone or Cortisone).	2
Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 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).;	1
Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 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).;	2
Internal Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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-	1
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		1

Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< 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 is suspicion of an adrenal mass (pheochromocytoma).; The suspicion of an adrenal mass was suggested by < 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 .; This study is 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
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	PULLMONARY NODULE; There has not been any ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted ; This is a request for an Abdomen CT.; This study is being ordered for another reason besides ; This study is being ordered for a metastatic disease.;	1
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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	1
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		1
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		1

Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	2 CM ATYPICAL ADRENAL ADENOMA FOLLOW UP FROM 10/11/16; 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.;	1
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This study being ordered for a palpable, observed or abdominal pain; This is a request for an Abdomen CT.;	
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This study is being ordered for another reason besides patient has a pacemaker so needs a ct for mass; 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.;	1
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Yes this is a request for a Diagnostic CT Patient has uncontrolled abdominal pain and hyperbilirubinemia. Pain has not gotten better only worse. Patient has chronic RUQ and LUQ abdominal pain and tenderness for 6-7 months. Normal EGD in May and normal HIDA SCAN LAST MONTH. PHYSICAL EXAM: EPIGAS; This is a request for an Abdomen CT.;	
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Please see attached clinicals.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 	

Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	pt has known adrenal mass; 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.; It is not known if this is 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	1
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	r/o lymphoma and to clarify why pt is having the symptoms she's been experiencing; This is a request for an Abdomen CT.; This study is being ordered for	
Internal Medicine	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 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	2
Internal Medicine	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.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a	2
Internal Medicine	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 a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is	4

Internal Medicine	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 is suspicion of an adrenal mass (pheochromocytoma).; The suspicion of an adrenal mass was suggested by labs.; A Metanephrine lab test was completed and	1
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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	1
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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	6
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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	2
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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	1

Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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 Acute Non-ulcerative Colitis.; It is not known if the patient has been seen by a specialist or are the studies	1
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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	1
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for another reason besides	
Internal Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for another reason besides	
Internal Medicine	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	2
Internal Medicine	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON	This is a request for CT Angiography of the Abdomen and Pelvis.	4
Internal Medicine	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCON	Yes, this is a request for CT Angiography of the abdomen.	4
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST		12

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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 acute pain.; There has been a physical	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 07/29/2017; There has been treatment or conservative therapy.; chest ; This is a 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	1
Internal Medicine	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	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O 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	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O 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	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O 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
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	7/18/17; There has been treatment or conservative	0.20-0.40 g/d

			<p>; This study is being ordered for Vascular Disease.; UNKNOWN; There has been treatment or conservative therapy.; He returns in f/u of treatment of nontuberculous mycobacterial infection of lungs and liver. He has been on doxycycline and clarithromycin since 5/17 and has had no problems with the meds. He doesn't notice any change in his sx - no cough or sputum, no ; He returns in f/u of treatment of nontuberculous mycobacterial infection of lungs and liver. He has been on doxycycline and clarithromycin since 5/17 and has had no problems with the meds. He doesn't notice any change in his sx - no cough or</p>	
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request abd tenderness,-suprapubic,cva tenderness, flank pain,hematuria,pelvic pain,R/O nephrolithiasis; This is a 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 abnormal 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or Abnormal marrow signal of lumbosacral spine and visualized pelvic bones suspicious for marrow infiltration by 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</p>	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Constipation for over a month with consecutive therapy and not helping, nausea/vomiting, bulging knot on the R side of the stomach, x ray came back normal; This is a 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 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	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	He reports a GI illness which included development of significant diarrhea. He had not experienced significant diarrhea with prior treatment and it seems this is most likely the result of intercurrent illness. He has continued to have L sided facial swe; 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 physician is a	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	hx of cirrhosis, severe hep B and C; 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 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 normal.; Yes this is a request for a Diagnostic CT	1

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	screening for mets to the lungs; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for 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 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 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 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 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.;	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST		2
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST		29
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1
Internal Medicine	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 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	2
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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-	2
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	2

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	22
Internal Medicine	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	3
Internal Medicine	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 Hematuria.; Other; Yes this is a request for a	9
Internal Medicine	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 Lymphadenopathy.; Other; Yes this is a request for a	3
Internal Medicine	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 unexplained weight loss of greater than 10% body	1
Internal Medicine	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 Abscess.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not	1
Internal Medicine	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	2

Internal Medicine	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.; 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; It is not known if the	1
Internal Medicine	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.; 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	
Internal Medicine	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; <Enter Additional	4
Internal Medicine	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	3
Internal Medicine	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; Abdominal pain; Yes	1

Internal Medicine	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; elevated liver	1
Internal Medicine	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; Left lower quadrant	1
Internal Medicine	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; Patient has	1
Internal Medicine	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; Patient has been having pain for the last 2 months. If she eats she gets	1
Internal Medicine	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; Pt has hernia and	1
Internal Medicine	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; pt has history of bowel obstruction, follow up from hospital visit; Yes	1
Internal Medicine	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; Pt is c/o upper and lower abdominal pain and has been ongoing for 2 months but only shows up when he coughs.	1

Internal Medicine	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; The onset of the abdominal pain is sudden and has been occurring in a persistent pattern for 3 days and increasing. The pain is described as a moderate sharp pain around the belly	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	58
Internal Medicine	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	9
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement;	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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; <Enter Additional clinical information	1
Internal Medicine	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.; It is not known if there are new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound,	1
Internal Medicine	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.; 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.; It is not known if there is a suspicion of an adrenal mass.; This is a request to	1

Internal Medicine	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 new lab results or other imaging studies including ultrasound, Doppler or plain films	2
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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, 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.;	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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)	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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.;	1

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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.;</p> <p>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</p>	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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</p>	1

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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</p> <p>This is a 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</p>	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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 physician is a hematologist/ oncologist.; It is unknown if the diagnosis of cancer or</p> <p>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</p>	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been</p>	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been</p>	2

Internal Medicine	Approval	74176 CT ABD & PELVIS W/O 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	2
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	4
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not	1
Internal Medicine	Approval	74176 CT ABD & PELVIS W/O 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1
Internal Medicine	Approval	74181 MRI ABDOMEN		2
Internal Medicine	Approval	74181 MRI ABDOMEN	< 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.; 2015; 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	1

Internal Medicine	Approval	74181 MRI ABDOMEN	diabetic patient with history of endometrial cancer and breast cancer. losing weight without trying; This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, 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	1
Internal Medicine	Approval	74181 MRI ABDOMEN	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	1
Internal Medicine	Approval	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	1
Internal Medicine	Approval	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 is undergoing active treatment for cancer.; "The ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.;"	1
Internal Medicine	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for staging.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon.;"	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 had an abdominal	3

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 had an abdominal ultrasound, CT, or MR study."; CT-Abdomen from	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 had an abdominal ultrasound, CT, or MR study."; IN THE RIGHT LOBE OF THE LIVER, THERE IS A 1CMX1.2CMX1.1CM CYST, IN	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 had an abdominal	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 had an abdominal ultrasound, CT, or MR study."; Patient with NASH need	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 had an abdominal ultrasound, CT, or MR study."; Two hypodense hepatic lesions are noted which appear to exhibit washout on delayed images. Correlation with AFP level is	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 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.;" abnormal	1
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,	1
Internal Medicine	Approval	74181 MRI ABDOMEN	known or suspected vascular disease, hematuria, This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement,	1
Internal Medicine	Approval	74181 MRI ABDOMEN	known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; <	1
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,	1
Internal Medicine	Approval	74181 MRI ABDOMEN	known or suspected vascular disease, hematuria, This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement,	1
Internal Medicine	Approval	75557 Cardiac MRI	known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.; Iron	1
Internal Medicine	Approval	Morph & structure w/o 75557 Cardiac MRI		2
Internal Medicine	Approval	Morph & structure w/o	This is a request for a heart or cardiac MRI	2
Internal Medicine	Approval	75572 CT Heart		1
Internal Medicine	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	abnormal mammogram /ultrasound	

Internal Medicine	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	ABNORMAL MAMMOGRAM; 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 For further evaluation of an oval mass and a cluster of complicated cysts all in the left breast. She is also considered at high risk for breast cancer using the Tyrer-Cusak Risk Assessment.; 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)	1
Internal Medicine	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	PATIENT HAS A CALCULATED RISK OF 15.1%.; 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 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	1
Internal Medicine	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	PT HAS A CALCULATED LIFETIME RISK OF 21.1% OF DEVELOPING BREAST CANCER. 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	1
Internal Medicine	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	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	2
Internal Medicine	Approval	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 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	1

Internal Medicine	Approval	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 suspected implant rupture.; Yes,this study is being ordered to evaluate a suspected silicone implant rupture.	1
Internal Medicine	Approval	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.; There are benign lesions in the breast associated with an increased cancer risk. 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	2
Internal Medicine	Approval	77084 Magnetic resonance imaging, bone marrow blood supply	77084 Magnetic resonance imaging, bone marrow blood supply	1
Internal Medicine	Approval	77084 Magnetic resonance imaging, bone marrow blood supply	Restaging for Multiple Myeloma; This is a request for an MRI Bone Marrow. 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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been	1
Internal Medicine	Approval	77084 Magnetic resonance imaging, bone marrow blood supply		1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		2

Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; 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.	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; 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's age is between 45 and 64.; The patient has not had a stress	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< newly diagnosed CHF. Will obtain SPECT to rule out 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's age is between 45 and 64.; The patient has not had a stress	1

Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	; 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.	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Enter answer here - or Type In Unknown If No Info CONCERNED FOR 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's age is between 45 and 64.; 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.	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	images attempted with echo and poor images due to lung rib interference and body habitus; 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.	1

Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Onset: sudden. Severity: mild-moderate. Duration: varies. There is no radiation. The patient describes it as throbbing. It occurs frequently. The problem is unchanged. Context: awake. Denies aggravating factors. Denies relieving factors. There a; 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	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	The patient is diabetic.; The patient is less than 45 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	2
Internal Medicine	Approval	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.	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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	2

Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Internal Medicine	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 had a recent abnormal EKG consistent with CAD.; The patient has not had a recent stress echocardiogram.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).	1
Internal Medicine	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 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).	1
Internal Medicine	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 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	1

Internal Medicine	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 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.	7
Internal Medicine	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 documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; The patient's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past 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.;	8
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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	2

Internal Medicine	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.; The patient has not had a recent non-nuclear stress test.; This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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	1
Internal Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	1
Internal Medicine	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING		1
Internal Medicine	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	PET Scan: for staging 	
Internal Medicine	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is	1
Internal Medicine	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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 be starting high dose	1

Internal Medicine	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is	1
Internal Medicine	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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 out with high dose	1
Internal Medicine	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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.; To evaluated heart function prior to starting TAC chemotherapy for breast Ca.	1
Internal Medicine	Approval	78813 PET IMAGING WHOLE BODY		1
Internal 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 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	1
Internal 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 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.	1
Internal Medicine	Approval	78813 PET IMAGING WHOLE BODY	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	1
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		1

Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	abnormal mammogram /ultrasound	
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	PET Scan: for staging 	
Internal Medicine	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 Breast Cancer.; This is NOT a 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	1
Internal 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 Breast Cancer.; This is for 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	1
Internal 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 Lymphoma or Myeloma.; 1 PET Scans has already been performed on this patient for 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	2
Internal 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 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	1
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		3
Internal Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		5

Internal 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 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	2
Internal 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 subsequent treatment.; This study is being requested for Lung Cancer.; It is unknown if the patient has been diagnosed with small	1
Internal 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 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	1
Internal 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 subsequent treatment.; This study is being requested for Lung Cancer.; The patient has been diagnosed with small cell lung cancer.; This is	1
Internal 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 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	3
Internal 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 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	1
Internal 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 subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; 4 PET Scans have already been	2

Internal 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 subsequent treatment.; This study is being requested for Lymphoma or Myeloma.;	2
Internal Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	The study is NOT being ordered after completing a course of treatment initiated in the last 8 weeks or This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason 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.;	2
Internal Medicine	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is being	1
Internal Medicine	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 Evaluation of Cardiac	1
Internal Medicine	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 Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for	1
Internal Medicine	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 Evaluation of Cardiac	1
Internal Medicine	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 Evaluation of Cardiac	1
Internal Medicine	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 Evaluation of Heart Failure;	1

Internal Medicine	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 Evaluation of Pulmonary	1
Internal Medicine	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	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	1
Internal Medicine	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	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	1
Internal Medicine	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS	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.;	1
Internal Medicine	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.; It is unknown if the patient is presenting with pulmonary signs or	1
Internal Medicine	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	5
Internal Medicine	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	2

Internal Medicine	Approval	S8037 mrcp		3rd episode of pancreatitis; This is a request for MRCP.; There is no reason why the patient cannot have This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has	1
Internal Medicine	Approval	S8037 mrcp		undergone unsuccessful ERCP and requires further to assess her jaw pain and pelvis pain; This study is being ordered for Inflammatory/ Infectious Disease.;	1
Internal Medicine	Disapproval	70336 MRI TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT	Radiology Services Denied Not Medically Necessary	6/26/17; There has been treatment or conservative therapy.; jaw pain and pelvic pain; She has a history of fibromyalgia. Otherwise, she is doing well. chronic pain < Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; The study is NOT being requested for evaluation of a	1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	headache.; The patient has dizziness.; This study is being ordered for something other than trauma or injury, evaluation of known tumor, stroke or aneurysm, < Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.;	1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	There is headache not improved by pain medications.; "There are no recent neurological symptoms or deficits such as one-sided weakness, vision defects, speech < Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a brain/head CT.; Thi	1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	study is being requested for None of the above.; This procedure is being requested for Syncope/Fainting; < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for something	1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	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	1

Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; 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 Vertigo; Imaging is needed and availability of MRI would delay treatment abnormal bone formation; This is a request for a brain/head CT.; Thi study is being requested for None of the above.;	1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Advanced imaging being requested for further evaluation of possible underlying etiology/pathology which could be cause of recurrence.; 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 having once every 2 months; now 2-3 times a weeks; hard to sleep; nothing working OTC; not noticing any trigger except for waking up hot & then becomes MEMORY LOSS , VISION CHANGES; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.;	1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	The headache is described Multiple myeloma; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	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.";	1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient has been complaining of headache for about one month.; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.;	1

Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	she has been having migraines and frequent sinus infections; she has a lump on the anterior side of L ankle that has been there for a while but starting to taking xalreto, took her off blood thinner, caused stroke, patient assumed had a small stroke due to them taking her off medication; This study is being ordered for Vascular Disease.; 5/2017; There has been unknown; 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 Unknown; 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.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern.	1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Unknown; 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.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern.	1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Unknown; 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.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern.	1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Unknown; 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.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern.	1
Internal Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Unknown; 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.; This study is requested for a new onset of seizures or newly identified change in seizure activity or pattern.	1
Internal Medicine	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 been recent trauma or other injury to the neck.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	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 ; This study is being ordered for a neurological disorder.; 09/26/2017; There has not been any treatment or conservative therapy.; hypertension, light headedness, dizziness, chronic back pain, 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	1
Internal Medicine	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	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.; The ordering MDs specialty is NOT	1

Internal Medicine	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain. ; This study is being ordered for a neurological disorder.; 09/26/2017; There has not been any treatment or conservative therapy.; hypertension, light headedness, dizziness, chronic back pain, 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 DOCTOR WANTS TO R/O ANYUERSM; This study is 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 Evaluation for kidney transplant; This study is 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.; R/O mass; This study is being ordered for a neurological disorder.; 6/6/2017; There has not been any treatment or conservative therapy.; headache, There is not an immediate family history of aneurysm.;	1
Internal Medicine	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	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.; The ordering MDs specialty is NOT DOCTOR WANTS TO R/O ANYUERSM; This study is 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 Evaluation for kidney transplant; This study is 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.; R/O mass; This study is being ordered for a neurological disorder.; 6/6/2017; There has not been any treatment or conservative therapy.; headache, There is not an immediate family history of aneurysm.;	1
Internal Medicine	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; R/O mass; This study is being ordered for a neurological disorder.; 6/6/2017; There has not been any treatment or conservative therapy.; headache, There is not an immediate family history of aneurysm.;	1
Internal Medicine	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	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	1

Internal Medicine	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.; The patient has a sudden and severe headache.; It is unknown if the patient had a recent onset (within the < 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 < 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.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.;	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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 < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 8/15/2017; There has been treatment or conservative therapy.; DEMENTIA; 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 ; This study is being ordered for a neurological disorder.; 09/26/2017; There has not been any treatment or conservative therapy.; hypertension, light headedness, dizziness, chronic back pain, 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	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; Patient was reaching for a basket ball and felt something pop in his shoulder; There has not been any	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Confusion DOCTOR WANTS TO R/O ANYUERSM; This study is 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 has been having almost daily sever HA's. no significant hx of HA's. Usually takes a couple for tylenol but it only eases the pain.; 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	
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	n/a; 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	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient called. She is having severe vertigo. She is taking meclizine with some relief.	1

Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has been complaining of burning smell in nose. Will attach clinicals.; 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 Patient is having worsening memory loss.; 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 pt has previous MRI that revealed a cyst; 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 R sided head pain x 3 weeks. Not improved with 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 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 R/O mass; This study is being ordered for a neurological disorder.; 6/6/2017; There has not been any treatment or conservative therapy.; headache,	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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 pt has previous MRI that revealed a cyst; 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,	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	associated with exertion, or a mental status change.; There are not recent neurological symptoms or deficits such as one sided weakness, speech impairments, or R sided head pain x 3 weeks. Not improved with 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 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	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	R/O mass; This study is being ordered for a neurological disorder.; 6/6/2017; There has not been any treatment or conservative therapy.; headache,	1

Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	R/O pituitary adenoma; 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 she is having new onset of syncope and 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.;	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	A metabolic work-up done 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 headache, blurred or double vision or a change in sensation noted on exam.;	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with headache, blurred or double vision or a change in sensation noted on exam.;	1
Internal Medicine	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.; 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.;	1
Internal Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does NOT have VISUAL DEFECT. Blood pressure high. Trouble walking. Headache w/o any trauma; 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	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	"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.;	1

Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	"The ordering physician is not a surgeon, pulmonologist, or cardiologist."; There is no radiologic evidence of mediastinal widening.; SOB/CHEST PN; A Chest/Thorax CT is being ordered.; This study is being < Enter answer here - or Type In Unknown If No Info Given. >; "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 < 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 < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 09/13/17; There has not been any treatment or conservative therapy.;	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	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 < 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 >; It is not known if ; 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 ; 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	2
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary		3
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary		1

Internal Medicine	Disapproval	71250 CT CHEST, THORAX	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 a Breast MRI, CT Colonoscopy, A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	burning with swallowing, nausea, vomiting, choking sensation, reflux; 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 Chest xray shows hilar adenopathy. Pt has cough and non cardiac chest pain; 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	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Fever of unknown origin (FUO)female presents with a history of good health, until about 4 years ago, when she began to have night sweats and fevers	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	GERD,PALPATATIONS,ANXIETYCHEST PAIN,RECENT ECG-NORMAL,CHEST XRAY-NORMAL,HAS SEEN GI PHYSICIAN,HAD AN UPPER GI SCOPE,DURATION OF None; 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 Pt has seen both her PCP and a general surgeon. She has had an ultrasound guided biopsy and has been prescribed both pain medication and muscle relaxers;	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	This study is being ordered for Inflammatory/ Infectious Disease.; 06-23-2017; There has been treatment or conservative therapy.; swelling and	1

Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Scan is being done for staging of Lymphoma.; 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 The patient has COPD. Reports worsening in his breathing. Has lost 10 pounds since his last visit. he has a history of smoking. Has shortness of breath. Also has cough.; 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 There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; Patient is in severe pain and in need of further evaluation to determine treatment options. Please allow this test so that Dr. can properly diagnose and treat this gentleman.; The ordering physician a is NOT a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.;	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	can properly diagnose and treat this gentleman.; The ordering physician a is NOT a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.;	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary		1

Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	<p>There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Chronic cough with chest pain that radiates to the back for more than 6 months.; "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</p> <p>There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Patient with COPD and Asthma getting worse - meds not helping - may need referral back to pulmonologist (has been on xolair, Flonase, ventolin, advair, singulair, prednisone, decadrone); "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.</p>	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	<p>There is no radiologic evidence of non-resolving pneumonia.; There is no radiologic evidence of asbestosis.; Patient with COPD and Asthma getting worse - meds not helping - may need referral back to pulmonologist (has been on xolair, Flonase, ventolin, advair, singulair, prednisone, decadrone); "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.</p>	1

Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	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."; "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 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.";	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	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 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 weight loss, loss of appetite, lack of energy; This study is 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;	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There has not been any treatment or conservative therapy.; weight loss, loss of appetite, lack of energy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted Xray has abnormal; "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 ; 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.	1
Internal Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary		1

Internal Medicine	Disapproval	71550 MRI CHEST 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	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 ; 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
Internal Medicine	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Multiple myeloma; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Patient to be evaluated for classic migraine. She has had prior headaches similar to this one. Typical migraine frequency is rarely. The duration of each episode is usually 2 days. She has not had a formal headache work-up done previously. Typical p; This study is not to be part of a Myelogram.; This is a 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 HPI Krystal Diamond returns to the clinic with complaints of back pain. She noticed the soreness several weeks ago but it seems to be getting worse. She describes the pain as a "deep, dull soreness with misery". She reports that the pain is definitely; This is a request for a thoracic spine CT.; There is no reason why	1
Internal Medicine	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary		1

Internal Medicine	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	Multiple myeloma; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Multiple myeloma; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	1
Internal Medicine	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, 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	1
Internal Medicine	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 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 < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 8/15/2017; There has been treatment or conservative therapy.; DEMENTIA; 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	2
Internal Medicine	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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 >; 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, < 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.; 2008; There has been treatment or conservative therapy.; tenderness, pain, raidtaes to R side; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; 5/11/2017; There has not been any treatment	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; 7/20/2017; There has not been any treatment	1

				< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2014; There has been treatment or conservative therapy.; low back pain, joint pain in hands, neck pain, migraine headaches, neuropathy; PT and anti inflammatory and muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted ; 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 ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ; Atypical neurologic itching sensation--will get MRI of the cervical and thoracic spine given her twin sister's MS and atypical skin burning sensation of her presentation .; One of the studies being ordered is a Cervical radiculopathy, decreased range of motion, pain radiates down both arms. Meds and home therapy have not helped. X-ray shows degenerative changes. Patient may need to see a pain specialist or a neurosurgeon.; 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	
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	CHECKING FOR PINCHED NERVE; 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.; ; It is not known if the patient has new signs or symptoms	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic neck and lumbar pain - radiates down right side, numbness. Oxycodone, dilaudid not helping - needs referral to pain specialist. evaluation of pt with c/o neck pain with BUE 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.; Bilateral Upper Extremity weakness with numbness and tingling.; The patient does not have new signs or symptoms of 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	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain radiates down from her neck to her lower back pain worsening. nsaid/c spine exercise ineffective. cannot take steroids due to sugar levels raising.; 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 hand grip poor, 75%; The patient does	1

Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient initially seen for cervical and right shoulder pain in May. She has had a 6wk course of Physical Therapy without any change.; 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 Patient is experiencing neck pain, and new onset of numbness on the right side of his body. This numbness is impairing the patients ability to function with his left shoulder.; 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 numbness that impairs the strength in his left shoulder; The Severe pain in neck, had massages w/o any relief, c4,c5 and c6 pain, neck exercises for 4 weeks with no relief and makes the pain 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.; Weakness in the neck, muscle spasms to the R and L 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	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Internal Medicine	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 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.	2
Internal Medicine	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 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 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	1
Internal Medicine	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 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	1
Internal Medicine	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 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,	1

Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<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.; Complaint of Follow Up (2-3 month follow up. patient states having some trouble</p> <p>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</p>	1
Internal Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>&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;;</p>	1
Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>&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;;</p>	1

Internal Medicine	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. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/11/2017; There has not been any treatment or conservative therapy.; mbr pain in back which is going to hip and arm	1
Internal Medicine	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. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/20/2017; There has not been any treatment or conservative therapy.; mbr has pain in back and leg pain in both legs	1
Internal Medicine	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. >; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 9/12/14; There has been treatment or	1
Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;	1
Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Atypical neurologic itching sensation--will get MRI of the cervical and thoracic spine given her twin sister's MS and atypical skin burning sensation of her presentation .; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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 Patient is having worsening symptoms with no relief from physical therapy or meds; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/18/2014; There has been treatment or conservative therapy.; Patient is	1
Internal Medicine	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.; &Enter Additional Clinical Information&; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Internal Medicine	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.; ; The patient is experiencing or	1
Internal Medicine	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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	1

Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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 >; It is not known if < 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 >; It is not known if there has been any treatment or conservative therapy.;	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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, < 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.; 2008; There has been treatment or conservative therapy.; tenderness, pain, raidtaes to R side; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or < 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.; 5/11/2017; There has not been any treatment	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; 7/20/2017; There has not been any treatment	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; 9/12/14; There has been treatment or	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; several months ago; There has been treatment or conservative therapy.; pain, decreased range of motion, stiffness; medication; One of the studies being ordered is NOT a Breast MRI, CT	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2014; There has been treatment or conservative therapy.; low back pain, joint pain in hands, neck pain, migraine headaches, neuropathy; PT and anti inflammatory and muscle relaxers; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1

Internal Medicine	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.; Patient has limited range of motion of spine, lumbar para spinal tenderness, mild pain with full back extension or forward flexion.; The patient does not have new signs or symptoms of bladder or ; 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 ; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Internal Medicine	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.; ; There has been treatment or conservative therapy.;;	1
Internal Medicine	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.; 08/21/2017; There has not been any treatment or conservative therapy.; pt is experiencing constant pain in his low back that radiates down his left leg and into his groin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	2
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 9/1/2016; There has been treatment or conservative therapy.; PAIN,SWELLING,EFFUSION, AND RADICULOPATHY; PATIENT HAS TRIED OC TYLENOL AND IBUPROFEN AND AT HOME PT AND HAD INJECITONS ON FOOT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, 57 year old male with low back pain radiating down the right leg, tingling, worse with standing. Plain films show multilevel degenerative changes.; 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	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	burning pain in the right lateral leg,then delevoped ban in the right lower back.&#xOD;	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic back pain, pain in lumbar area; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of chronic low back pain which worsens at night, fatigue, weakness, normal bone density scan; 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	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic neck and lumbar pain - radiates down right side, numbness. Oxycodone, dilaudid not helping - needs referral to pain specialist. Evaluate need for steroid and epidural. Pt has pain radiating to toes and had an injection in the past.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none Further evaluation; previous xray showed a small spur; 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 both legs; The patient does not have new signs or symptoms of bladder or bowel 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 INJURY DUE TO MVA ON 4/26/16 - SEE ATTACHED NOTES; 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 left side SCIATICA; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic neck and lumbar pain - radiates down right side, numbness. Oxycodone, dilaudid not helping - needs referral to pain specialist. Evaluate need for steroid and epidural. Pt has pain radiating to toes and had an injection in the past.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none Further evaluation; previous xray showed a small spur; 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 both legs; The patient does not have new signs or symptoms of bladder or bowel 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 INJURY DUE TO MVA ON 4/26/16 - SEE ATTACHED NOTES; 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 left side SCIATICA; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic neck and lumbar pain - radiates down right side, numbness. Oxycodone, dilaudid not helping - needs referral to pain specialist. Evaluate need for steroid and epidural. Pt has pain radiating to toes and had an injection in the past.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none Further evaluation; previous xray showed a small spur; 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 both legs; The patient does not have new signs or symptoms of bladder or bowel 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 INJURY DUE TO MVA ON 4/26/16 - SEE ATTACHED NOTES; 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 left side SCIATICA; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic neck and lumbar pain - radiates down right side, numbness. Oxycodone, dilaudid not helping - needs referral to pain specialist. Evaluate need for steroid and epidural. Pt has pain radiating to toes and had an injection in the past.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none Further evaluation; previous xray showed a small spur; 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 both legs; The patient does not have new signs or symptoms of bladder or bowel 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 INJURY DUE TO MVA ON 4/26/16 - SEE ATTACHED NOTES; 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 left side SCIATICA; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	chronic neck and lumbar pain - radiates down right side, numbness. Oxycodone, dilaudid not helping - needs referral to pain specialist. Evaluate need for steroid and epidural. Pt has pain radiating to toes and had an injection in the past.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none Further evaluation; previous xray showed a small spur; 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 both legs; The patient does not have new signs or symptoms of bladder or bowel 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 INJURY DUE TO MVA ON 4/26/16 - SEE ATTACHED NOTES; 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 left side SCIATICA; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	1

Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	low back pain with radiation into her R leg 	
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Low back pain; 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	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	LOWER BACK PAIN FOR ABOUT 23 YEARS, ACHING, STABBING, SHARP AND DULL PAINS. HAVING TROUBLE STANDING.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The No improvement with conservative treatment.; This study is being ordered for trauma or injury.; March 23, 2017.; There has been treatment or conservative therapy.; Lumbar pain; left hip pain.; Physical therapy for 2 weeks; Ibuprofen, application of heat/cold, stretches. Prescriptions for Voltaren gel, Tizanidine and Tramadol.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 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 pain in lower back and right side x3 days, XRAY: Impression: No acute fracture or subluxation identified.	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Degenerative disc disease L4-L5. Degenerative facet disease L4-S1. grade 1 anterolisthesis of L4 on L5; The study requested is a Lumbar Spine MRI.; The patient	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pain radiates down from her neck to her lower back	
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient complains of low back and hip pain for 2 months.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient	1

Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has abnormal xrays, patient is having chronic back pain an tenderness on palpation.; 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.	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is having acute midline low back pain and right leg weakness.; 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.	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is having worsening symptoms with no relief from physical therapy or meds; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/18/2014; There has been treatment or conservative therapy.; Patient is having worsening back pain radiating to both legs.; Patient had 6 weeks of physical therapy as well as NSAIDS and pain meds	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt c/o 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

Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt has failed PT and NSAIDS. And xray showed Spondylolisthesis; 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.; Additionally, she presents with PT HAS HAD SEVERE BACK PAIN AND LEFT LEG WEAKNESS ASSOCIATED. THIS MRI WOULD HELP CLARIFY THE REASONING BEHIND WEAKNESS AND PAIN.; 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	1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PT WILL NEED THIS MRI TO DETERMINE WHAT IS CAUSING HER WEAKNESS IN HER LEFT LEG. PT STATES ACTIVITIES ARE GETTING WORSE AS WELL AS SLEEPING .; 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 then once for these symptoms.	1
Internal Medicine	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 has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3	7
Internal Medicine	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 has acute or chronic back pain.; The patient has Neurological deficit(s)	1

				THORACIC AND LUMBAR PAIN THAT IS WORSENING, + SLE BLE's at 45 degrees; This study is 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 UNKNOWN; 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		1
Internal Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a pelvis CT angiography. < Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Internal Medicine	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Multiple myeloma; This study is being ordered for a metastatic disease.; There are 5 or more exams are being ordered.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, unknown; 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 NO active, clinical findings or endoscopic findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "There are no radiographical or ultrasound findings consistent with abnormal fluid collection, pelvic abscess, pelvic inflammation or ascites."; "There are no physical findings or abnormal blood work consistent	1
Internal Medicine	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Internal Medicine	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Initial staging for Multiple Myeloma. Approved by AR BCBS Case Manager Brandy Vardaman for Transplant Evaluation; 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 pain in her tailbone. Pt states she did not fall or not hurt it. When she sits for a long time and tries to stand up its very painful. Been seeing chiropractor and not helping the pain at all. "Tailbone pain" has tried conservative tx with nsaid and rest; This is a request to assess her jaw pain and pelvis pain; This study is being ordered for Inflammatory/ Infectious Disease.;	1
Internal Medicine	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	6/26/17; There has been treatment or conservative therapy.; jaw pain and pelvic pain; She has a history of fibromyalgia. Otherwise, she is doing well. chronic pain unknown; 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
Internal Medicine	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Initial staging for Multiple Myeloma. Approved by AR BCBS Case Manager Brandy Vardaman for Transplant Evaluation; 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	1
Internal Medicine	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	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	1
Internal Medicine	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary		2
Internal Medicine	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary		1

				< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.;	
Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Patient was reaching for a basket ball and felt something pop in his shoulder; There has not been any Limited ROM, feels like something is tearing in the shoulder, deltoid tender, L should bruise, no ROM in that shoulder, thinks it's a tear and need MRI to tell for sure; The requested study is a Shoulder MRI.; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.;	1
Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	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,	1
Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Known or suspected Joint Infection, Aseptic Necrosis, 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,	1
Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Known or suspected Joint Infection, Aseptic Necrosis, Trauma, Chronic Pain, or Pre or Post operative The requested study is a Shoulder MRI.; Study being ordered due to non-acute or chronic pain.;	1
Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	The patient has not completed and failed a course of conservative treatment of at least 4 weeks.; < Enter answer here -	1
Internal Medicine	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 not completed and failed a course of conservative	1

Internal Medicine	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 not completed and failed a course of conservative treatment of at least 4 weeks.; On 9-11-17 patient was trying to move a dresser and when she tried to pick it up she experienced a lot of pain and had to drop the dresser. She is having numbness in her right hand and forearm with tingling, warmth and radiation down the right arm. Massa	1
Internal Medicine	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 trauma within past 72 hours.; The patient has not had recent plain films of the shoulder.; 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	1
Internal Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary		1

Internal Medicine

Disapproval

73700 CT LEG OR
LOWER EXTREMITY

Radiology Services
Denied Not
Medically Necessary

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 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

Internal Medicine	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	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 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	1
Internal Medicine	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	unknown; 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 ; This study is 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.;	1
Internal Medicine	Disapproval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary		1

Internal Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Internal Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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.	2
Internal Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.; 05/24/2017; There has been treatment or conservative therapy.; Abnormal x-ray requires further imaging; Steroid injections and medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	2
Internal Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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 ; This is a request for a foot MRI.; The study is being ordered forfoot 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-	2
Internal Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; 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; No, there is no known trauma involving the knee.; Pain greater than 3	1
Internal Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary		1

Internal Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 9/1/2016; There has been treatment or conservative therapy.; PAIN,SWELLING,EFFUSION, AND RADICULOPATHY; PATIENT HAS TRIED OC TYLENOL AND IBUPROFEN AND AT HOME PT AND HAD INJECITONS ON FOOT; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, Dramatic change in strength in right leg, knee with stiffness and pain for couple months, has trouble getting up after he kneels down on floor.; 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 Pt had surgery on 1/3/17 on his neck, spent 3 weeks in rehab and that changed his gait and is now having severe left knee pain. Described as 6/10 pain level, severe, constant pain since onset, aggravated by movement; 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 supsected meniscus,pre-op or post-op evaluation,non-Pt. knees lock up when she tries to roll over in the bed.; 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	1
Internal Medicine	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 ordering physician is not an orthopedist.; Non-acute Chronic Pain; Pain greater Pt had surgery on 1/3/17 on his neck, spent 3 weeks in rehab and that changed his gait and is now having severe left knee pain. Described as 6/10 pain level, severe, constant pain since onset, aggravated by movement; 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 supsected meniscus,pre-op or post-op evaluation,non-Pt. knees lock up when she tries to roll over in the bed.; 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	1
Internal Medicine	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 ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	1
Internal Medicine	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 ordering physician is not an orthopedist.; There is no supsected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis;	1

Internal Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	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 < 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 < 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	3
Internal Medicine	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	disease.; several months ago; There has been treatment or conservative therapy.; pain, decreased range of motion, stiffness; medication; One of the studies being ordered is NOT a Breast MRI, CT	2
Internal Medicine	Disapproval	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 a neurological disorder.; ; There has been treatment or conservative therapy.; ;	1
Internal Medicine	Disapproval	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/21/2017; There has not been any treatment or conservative therapy.; pt is experiencing constant pain in his low back that radiates down his left leg and into his groin; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or	1

Internal Medicine	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	No improvement with conservative treatment.; This study is being ordered for trauma or injury.; March 23, 2017.; There has been treatment or conservative therapy.; Lumbar pain; left hip pain.; Physical therapy for 2 weeks; Ibuprofen, application of heat/cold, stretches. Prescriptions for Voltaren gel, Tizanidine and Tramadol.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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- < 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	1
Internal Medicine	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	near the hip.; The patient has been treated with anti- < 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	1
Internal Medicine	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	abdominal US GALLBLADDER US	1
Internal Medicine	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		

Internal Medicine	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	CT OF ABD FOR RIGHT PLEURAL MASS; 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, Family history of pancreatic cancer; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 	1
Internal Medicine	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Hepatic cirrhosis without evidence of hepatocellular carcinoma.	
Internal Medicine	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Ruling out appendicitis.; 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	1
Internal Medicine	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	RUQ pain for 3 days. Elevated HGB and HCT. X-ray was normal.; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 	
Internal Medicine	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	severe nausea, history of hernia, moderately tender to the touch; This is a request for an Abdomen CT.; This study is being ordered for another reason besides ; This study is 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.;	
Internal Medicine	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary		1

Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O 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-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 < 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 >; It is not known if ; 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 ; 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 ; 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, ABNORMAL HEMTURIA; This is a 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	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1

Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	BLOOD & MUCOUS IN STOOL FOR FEW WEEKS, PATIENT BECAME DIZZY & POSSIBLY BLACKED OUT DURING EPISODES OF MOVEMENT.; This is a 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 Further evaluation; This is a 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 Intra-abdominal and pelvic swelling, mass and lump, unspecified site; 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.; PATIENT CANNOT KEEP ANYTHING DOWN.; 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 Patient has 1-2 bowel movements a day. No melena or hematochezia. Very infrequent heartburn. Patient has H/o gastroparesis. Chronic abdominal pain. On physical exam patient was found to have soft but distended abdomen w/mild diffuse tenderness. Reglan ; This is a 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	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1

Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had continuing abdominal pain for a year. Has tried various treatments for nausea, constipation, and diarrhea with no relief; This is a 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 Patient recently had an ultrasound done on the left axilla. It should enlarged lymph nodes. Patient has a significant family history of lymphoma & breast cancer & was recommended by radiologist to get a CT of abdomen/pelvis & chest to rule out possible ca; 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.; Patient to be evaluated for generalized abdominal pain. This is located primarily in the left lower quadrant. It began 10 days ago. The onset of pain occurred with no apparent trigger. She characterizes it as cramping and sharp. There are no obvious ; 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.; The study is being ordered for Pt has seen both her PCP and a general surgeon. She has had an ultrasound guided biopsy and has been prescribed both pain medication and muscle relaxers; This study is being ordered for Inflammatory/ Infectious Disease.; 06-23-2017; There has been treatment or conservative therapy.; swelling and	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1

Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Pt. have pain raiding into groin,; 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 r/o source of 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 Scan is being done for staging of Lymphoma.; 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	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	She went to the ER a couple of weeks ago with abdominal pain and nausea. She says they gave her some MiraLAX and told her to go home. She says her grandmother took her that time. However, she never got the MiraLAX. She went back to the ER via ambulance on; This is a 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 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	1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1

Internal Medicine	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 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 Acute Non-ulcerative Colitis.; Infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient	1
Internal Medicine	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 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	1
Internal Medicine	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; <Enter Additional	4
Internal Medicine	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; ; Yes this is a request	5
Internal Medicine	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; Abdominal pain; Yes	2

Internal Medicine	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; having black watery stool. pain and tenderness in abdomen pelvis region.	1
Internal Medicine	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; He has pain in His	
Internal Medicine	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; inguinal hernia bil suspected. llq and rlq pain and tenderness to palpation with fullness, no hernia palpated but exam limited due	1
Internal Medicine	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 had right inguinal hernia surgery repair 4-28-17. Patient did well for 8weeks and then was hospitalized for abdominal pain in June. She had a CT Abd/pelvis w/o contrast.	1
Internal Medicine	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 Hepatitis	
Internal Medicine	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 is having abd pain and it could be from a hernia and he needs a ct; Yes this is a request for a Diagnostic CT	1

Internal Medicine	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; pelvic pain; Yes this	1
Internal Medicine	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; Pt has had new onset of acute abdominal pain. Pt has severe apin with	1
Internal Medicine	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; Pt is having abdominal and upper gastric pain. Pain also in the vaginal area; Yes this is a request for a Diagnostic CT	1
Internal Medicine	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; RUQ pain for last 2 months not responding to ppi/Carafate. Normal gallbladder u/s; Yes this is a request for a Diagnostic CT	1
Internal Medicine	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; Severe epigastric pain. wanting to check for stomach ulcer.; Yes this is a request for a Diagnostic CT	1

Internal Medicine	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; She is having pain in lower abdomen and pelvic area. Has had a history of cyst before and has had partial hysterectomy. She has	1
Internal Medicine	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; Unspecified renal	1
Internal Medicine	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 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; 2-month history of peri-umbilical abdominal pain not relieved by H2 antagonists or PPI or dietary modifications. No symptoms of classic GERD.; Yes this is a request for a Diagnostic CT	1
Internal Medicine	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 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	1

Internal Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	weight loss, loss of appetite, lack of energy; This study is 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.; weight loss, loss of appetite, lack of energy; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is not an oncologist, urologist, gastroenterologist, or surgeon."; It is not known if there is a known tumor.; It is not known if there is an 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, 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 PATIENT HAD ULTRASOUND < Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a CT scan for evaluation of coronary calcification. 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.; <Additional Clinical Information> ; 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.	1
Internal Medicine	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	75571 Coronary Artery Calcium Score, EBCT	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	75574 CT Angiography Heart coronary arteries, CCTA	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary		1

Internal Medicine	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	Patient has bloody nipple discharge. Her mother has a history of ovarian cancer, and her grandmother had breast cancer. Bilateral breast MRI is recommended for further evaluation.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, 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	1
Internal Medicine	Disapproval	77084 Magnetic resonance imaging, bone marrow blood supply	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The patient is not diabetic.; The patient is less than 45 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).	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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's age is between 45 and 64.; The patient has not had a stress	2
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 07/29/2017; There has been treatment or conservative therapy.; chest	1

Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; 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 ; 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 ; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.; This is a request for Myocardial ; 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	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		3

Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	; 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 ; 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 ; This study is being ordered for Vascular Disease.; HAD MYCARDIAL INFRACTION IN 10/5/15; 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	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	1. hypertension  chest pain, bilateral edema; 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	1

Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	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's age is between 45 and 64.; The patient has not had a stress Evaluation for kidney transplant; This study is 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.; h/o lymes which she is skeptical of - dx'd by np and treated. since then she has had internittent cp/palpitations .; 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	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Has been having pain in her chest at night for the last year, lately much more often. She can't move when it happens. No activity that seems to bring it on. It can happen when she is in bed at night. Also when she is at home during the day doing anythin; 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	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		1

Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	hx hyperlipidemia, palpitations with normal 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 ongoing since December 2016 for shortness of breath and returned with 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's age is between 45 and 64.; The patient has not had a patient has current symptoms of midsternal chest pain, shortness of breath, fatigue, abnormal ekg shows probable left ventricle hypertrophy (LVH) with prolonged PR interval, hypertension, diabetes and family history of heart 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's age is between 45 and 64.; The patient has not had a stress	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	hx hyperlipidemia, palpitations with normal 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 ongoing since December 2016 for shortness of breath and returned with 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's age is between 45 and 64.; The patient has not had a patient has current symptoms of midsternal chest pain, shortness of breath, fatigue, abnormal ekg shows probable left ventricle hypertrophy (LVH) with prolonged PR interval, hypertension, diabetes and family history of heart 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's age is between 45 and 64.; The patient has not had a stress	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	hx hyperlipidemia, palpitations with normal 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 ongoing since December 2016 for shortness of breath and returned with 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's age is between 45 and 64.; The patient has not had a patient has current symptoms of midsternal chest pain, shortness of breath, fatigue, abnormal ekg shows probable left ventricle hypertrophy (LVH) with prolonged PR interval, hypertension, diabetes and family history of heart 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's age is between 45 and 64.; The patient has not had a stress	1

Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	patient has had two previous heart attacks with cardiac stents and treated with vision stent; This study is being ordered as a pre-operative evaluation.; 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.; The patient has not had a recent stress echocardiogram.; The patient has known CAD.; This patient had a previous myocardial infarction.; The patient's age is between 45 and 64.; The patient has Patient has hypertension and is a diabetic.; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	Patient seen in the office on 7/24/2017 with chest pain. Normal 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's age is between 45 and 64.; The patient has not had a stress	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		1

Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	patient todayis not been seen since December. His blood pressure is good 120/82. He's been having chest pain substernally into the left side. Feels like a pressure in his chest. He's had no shortness of breath no nausea no vomiting no diaphoresis. He; 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 patient with calcium score of 793; 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 POSSIBLE PULMONARY ENBOLUS; 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight	1
Internal Medicine	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 study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have	1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		1
Internal Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		3

Internal Medicine	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; 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 ; This study is being ordered for Vascular Disease.; HAD MYCARDIAL INFRACTION IN 10/5/15; It is not known if there has been any treatment or conservative therapy.;	1
Internal Medicine	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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.; The ordering MDs specialty is NOT	1
Internal Medicine	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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	2
Internal Medicine	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	2
Internal Medicine	Disapproval	G0297 Low dose CT scan (LDCT) for lung cancer screening	Radiology Services Denied Not Medically Necessary	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.	1
Interventional Radiologists	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST		one year follow up for CVA; This study is 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 2015; There has	1
Interventional Radiologists	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST		Yes, this is a request for CT Angiography of the brain.	1

Interventional Radiologists	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	one year follow up for CVA; This study is 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 2015; There has	1
Interventional Radiologists	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the Neck. no additional clinical reasons at this time. This is a follow up to surgery.; This study is being ordered for a neurological disorder.; 05/17/16; There has been treatment or conservative therapy.; This is a follow up visit to surgery done.; 05/18/16 Successful coil embolization of RMCA bifurcation aneurysm rupture.;	1
Interventional Radiologists	Approval	70544 Mr angiography head w/o dye	One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted no additional clinical reasons at this time. This is a follow up to surgery.; This study is being ordered for a neurological disorder.; 05/17/16; There has been treatment or conservative therapy.; This is a follow up visit to surgery done.; 05/18/16 Successful coil embolization of RMCA bifurcation aneurysm rupture.;	1
Interventional Radiologists	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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,	1
Interventional Radiologists	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1

			< 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.; 6 years; There has been treatment or conservative therapy.; sharp aching tingling throbbing pain, pain with movement. headaches, taking Diclosenac, pain radiating bi lateral hip; pain medication; One of the studies being ordered is NOT a	
Interventional Radiologists	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	1
Interventional Radiologists	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE 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.; <Enter Additional Clinical Information>; The patient is experiencing or	3
Interventional Radiologists	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< 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	1
Interventional Radiologists	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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.; 6 years; There has been treatment or conservative therapy.; sharp aching tingling throbbing pain, pain with movement. headaches, taking Diclosenac, pain radiating bi lateral hip; pain medication; One of the studies being ordered is NOT a	1
Interventional Radiologists	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		1

Interventional Radiologists	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		PT HAS BEEN COMPLAINING FOR MONTHS OF EXCRUTIATING PAIN AND SCIATIC PAIN. TRIED PT BUT PATIENT WAS NOT ABLE TO COMPLETE THE CONSERVATIVE CARE.; The study requested is a Lumbar MRI.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3	1
Interventional Radiologists	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST			8
Interventional Radiologists	Approval	72196 MRI PELVIS		< 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 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	1
Interventional Radiologists	Approval	74150 CT ABDOMEN WITHOUT CONTRAST			1
Interventional Radiologists	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.	1
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.; <Enter Additional Clinical Information>; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1

Interventional Radiologists	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.; 06/09/2017; There has been treatment or conservative therapy.; decreased range of motion in shoulder and back ;; 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
Interventional Radiologists	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	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.; 06/09/2017; There has been treatment or conservative therapy.; decreased range of motion in shoulder and back ;; 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
Nephrology	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Nephrology	Approval	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	1

Nephrology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the brain.	1
Nephrology	Approval	70544 Mr angiography head w/o dye		1
Nephrology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
Nephrology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	eval for family history of 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.; < Enter date of initial onset 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 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 < 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 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	1
Nephrology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
Nephrology	Approval	71250 CT CHEST, THORAX		1
Nephrology	Approval	71250 CT CHEST, THORAX		1

Nephrology	Approval	72131 CT LUMBAR SPINE, LOW BACK	< 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.; 6-29-17; There has not been any treatment or conservative therapy.; pain	1
Nephrology	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	1
Nephrology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Nephrology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; This is a request for an Abdomen CT.; This study is being ordered for another reason besides	
Nephrology	Approval	74150 CT ABDOMEN 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.; abdominal pain last 6 months	
Nephrology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	eval for family history of 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.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; There has not been any treatment or conservative therapy.; dizziness and fatigue	1

Nephrology	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the abdomen.	3
Nephrology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
Nephrology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	KIDNEY 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	1
Nephrology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	PT HAVING RIGHT FLANK PAIN AND LOWER ABD PAIN WITH TENDERNESS, MICROSCOPIC HEMATURIA FOR YEARS, HX OF RENAL STONES AND RENAL BIOPSY. HAS RECENTLY BEEN TO THE ER 7/2017, PT HAD PASSED A KIDNEY STONE SINCE ER VISIT. HAS NORMAL RENAL FUNCTION.IS ALREADY ON A; This is a 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 r/o renal cyst; 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.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.;	1
Nephrology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
Nephrology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

Nephrology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	2
Nephrology	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 unexplained weight loss of greater than 10% body	1
Nephrology	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; <Enter Additional	1
Nephrology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	2
Nephrology	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 had an abdominal ultrasound, CT, or MR study."; Patient has undergone a renal ultrasound and a CT of abdomen and pelvis. It	1
Nephrology	Approval	74181 MRI ABDOMEN	unknown; This request is for an Abdomen MRI.; This study is being ordered for known or suspected vascular	1
Nephrology	Approval	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.; 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.; 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 evaluation is prior to major surgery	1

Nephrology	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 Evaluation of Cardiac	1
Nephrology	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 Evaluation of Pulmonary R/O stroke and/or nerve damage; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/14/2017; There has not been any treatment or conservative therapy.;	2
Nephrology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	facial < 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.; 6/2016; There has been treatment or < 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.;	1
Nephrology	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/2016; There has been treatment or < 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.; 6/2016; There has been treatment or	1
Nephrology	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	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
Nephrology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER 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.;	
Nephrology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;	

Nephrology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	R/O stroke and/or nerve damage; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/14/2017; There has not been any treatment or conservative therapy.; facial < 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	1
Nephrology	Disapproval	73700 CT LEG OR LOWER EXTREMITY	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; ; Yes this is a request 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; Caller is bypassing	1
Nephrology	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; pt has < Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Nephrology	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; ; 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 Multiple Sclerosis; ; 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
Nephrology	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; ; 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 Multiple Sclerosis; ; 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
Neurological Surgery	Approval	70450 CT BRAIN, HEAD		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 Multiple Sclerosis; ; 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
Neurological Surgery	Approval	70450 CT BRAIN, HEAD		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 Multiple Sclerosis; ; 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
Neurological Surgery	Approval	70450 CT BRAIN, HEAD		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 Multiple Sclerosis; ; 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

Neurological Surgery	Approval	70450 CT BRAIN, HEAD	Chiari I. Get cine flow and Tpsine. Revisit after, potential surgical candidate; This study is being ordered for Congenital Anomaly.; Duration: 6 years; There has been treatment or conservative therapy.; host of symptoms including occ double vision, clicking in right ear, suboccipital headacehes to right side of body exacerbated by Valsalva, occasion slurred speech, difficulty swallowing, difficulty with fine movement decreased grip strength; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/07/17; There has not been any treatment or conservative therapy.; sever neck pain with headaches, has malformation, vision disturbances, light headed and dizzy, medication not helping headache, pain radiating into both shoulders, buzzing and ringing in ears, headaches so back "makes pt cry"; One of the studies being ordered is NOT a hairline fracture of left temporal bone. Head contusions.; 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 HPI	1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	Mr. Jeffries is post-op from his left burr hole with evacuation of subdural hematoma. He continues to complain of headaches. This is post-op follow-up on his evacuation site, to verify there is no blood in that area.; 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	1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD		1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD		1

Neurological Surgery	Approval	70450 CT BRAIN, HEAD	Mrs. White is post op from her chiari decompression on 8/24/17. She continues to complain of severe headaches and neck pain even after conservative management. We want the CT head to observe the surgical site and rule out any problems; 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 patient had surgery, follow 2 weeks; 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 Patient is one month status post pipeline flex embolization of left petrous segment internal carotid artery aneurysm. She is c/o of headaches and fatigue.; 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 s/p fall with bilateral frontal contusions. Follow-up CT scan at 2 weeks; 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 subdural hematoma, cranial plasty; 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 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	1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD		1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD		1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD		1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD		1
Neurological Surgery	Approval	70450 CT BRAIN, HEAD		3

Neurological Surgery	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.; 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	1
Neurological Surgery	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 does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being	1
Neurological Surgery	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 stroke or	1
Neurological Surgery	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 evaluation of known tumor.	2
Neurological Surgery	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 infection or inflammation.	1
Neurological Surgery	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	5
Neurological Surgery	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	6
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is being requested for a history of stroke, (CVA) known or	2
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital	12
Neurological Surgery	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is requested for known or suspected bleed such as	17

Neurological Surgery	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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
Neurological Surgery	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a wanted to bypass clinical; "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	1
Neurological Surgery	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	"There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent	1
Neurological Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Neurological Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	; 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.	1
Neurological Surgery	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the brain.	18
Neurological Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Neurological Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	; 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.	1

Neurological Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the Neck. FOLLOW UP FOR A RIGHT SUPERIOR TEMPORAL GYRUS LESION AND A TECTAL GLIOMA.; 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, < 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 been ; This study is being ordered for a metastatic disease.;	3
Neurological Surgery	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	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 right arm weakness, dropping things from right hand, numbness and tingling; This study is being ordered for a neurological disorder.; unknown; There has not been any treatment or conservative therapy.; weakness, significant dizziness, headaches, 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	1
Neurological Surgery	Approval	70544 Mr angiography head w/o dye	There is an immediate family history of aneurysm.;	1
Neurological Surgery	Approval	70544 Mr angiography head w/o dye	This is a request for a Brain MRA. There is not an immediate family history of aneurysm.;	2
Neurological Surgery	Approval	70544 Mr angiography head w/o dye	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	1

Neurological Surgery	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 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	1
Neurological Surgery	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 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
Neurological Surgery	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.; 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	1

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; < Describe primary symptoms < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; a year and half ago; There has been treatment or conservative therapy.; back pain, numbness in left foot, radiating pain, bilateral stenosis; PT, chiropratic care, medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< 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 been	1
Neurological Surgery	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.	4
Neurological Surgery	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	1
Neurological Surgery	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.	2

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>; 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.</p>	2
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>; 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</p>	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; It is not known if</p>	1

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>; 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.</p>	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>; 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</p>	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>; 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</p>	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>; This study is being ordered for a neurological disorder.; 5/20/15; There has been treatment or conservative therapy.; Patient reports recent chest pain, palpitations, fainting, and swelling in the extremities. She reports muscle/joint aches, joint stiffness, and muscle loss/atrophy. She reports frequent diarrhea and constipation but reports no bowel incontinence and no b; Medications&#x0D;</p>	
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>; This study is being ordered for Congenital Anomaly.; Duration: date of onset: (1994-1995); There has been treatment or conservative therapy.; Frequency</p>	

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for Congenital Anomaly.; Duration: months; There has been treatment or conservative therapy.; Duration: months  ; This study is 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 ; This study is 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 16 MM X 7 MM MENINGIOMA IN THE RIGHT FRONT TEMPORAL HORN; 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	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	21 year old female with a history of headaches for years that generally wake her up at night and are suboccipital and radiate to behind right eye. Often improve when she gets up and with medicine but can return. The headaches have become nearly daily in the; This study is being ordered for a neurological disorder.; Duration: 6 months; There has been treatment or conservative therapy.; 21 year old female with a history of headaches for years that generally wake her up at night and are suboccipital and radiate to behind right eye. Often improve when she gets up and with medicine but can return. The headaches have become nearly daily in the; She was referred to us by her PCP.; 3 months post SOD. Studies look excellent with excellent cine flow. Will revisit in 6 months and follow.	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	35 year old male presents with long standing history of headaches in the suboccipital area radiating to the top of his head exacerbated by Valsalva. THE HEADACHES WERE fairly mild but have worsened recently. He also has vertigo and near syncope when up, n; This study is being ordered for Congenital Anomaly.; Duration: date of onset: (07/07/2017); There has been treatment or conservative therapy.; pt mother called because he's in excruciating pain , and he hasn't been to work in 3 weeks . The lights make his head hurt and feels like a knife is in his head . He need some pain medicine for his chiari . pt is aware of upcoming apt sept 22. Pt is taking; She was referred to us by Dr. Robyn Wilkerson.; One of the studies being ordered is NOT a Breast MRI, 6 weeks S/P SOD with cranioplasty. Wound healing well. Has had numbness in back of head and amenorrhea since surgery (? pregnant). Counselor on activities etc. Neuro - intact. Wound C/D/I. Several small scab areas. Will send for pregnancy test. F/U 6	1

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Assessment / Plan	
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Assessment / Plan	
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	BLE WEAKNESS, INTRADURAL/INTRAMEDULLARY MASS/LBP; 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 cervicogenic migraine with 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.; 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 Chiari I. Get cine flow and Tpsine. Revisit after, potential surgical candidate; This study is being ordered for Congenital Anomaly.; Duration: 6 years; There has been treatment or conservative therapy.; host of symptoms including occ double vision, clicking in right ear, suboccipital headacehes to right side of body exacerbated by Valsalva, occasion slurred speech, difficulty swallowing, difficulty with fine movement	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Chief Complaint:	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Compression of brain - Onset: 01/29/2015	

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Cranial Nerves: CN II Right: pupil normal size and reactive to light and dark; visual acuity 20/20 without correction and intact to confrontation; and fundoscopic exam grossly normal, optic nerve normal appearance, normal optic vessels, and no cataracts. ; 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 pateint with Valsalva headaches, neck pain, visual issues, tinnitus, speech issues, brain fog, neck/ back pain, balance issues. MRI cystic mass in the penial gland; 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	
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	FOLLOW UP FOR A RIGHT SUPERIOR TEMPORAL GYRUS LESION AND A TECTAL GLIOMA.; 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, Follow up of extra axial mass, likely meningioma. Possible surgery depending on size of mass.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is not known if the headache is 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	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	hemorrhage, hypertension hematoma; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	HPI hyperactivity in lower extremities; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; Pt has neck pain, HA, weakness in upper extremities, left triceps, diminished sensation in fingers, significantly weak in	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	last MRI done 7/31/17.  Ms. Golden is status post Craniotomy, suboccipital excision of brain tumor on 5/10/17. She describes headaches, dizziness and falls since surgery. She reports stabbing, shooting, aching, throbbing burning pain that radiates from the left side of her head ; This request is for a Brain MRI; The study is being requested 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.;	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	2/12/2017; There has been treatment or conservative Overall doing OK. Here for annual check. for routine Chiari followup. MRI head shows decent flow posteriorly despite 10 mm tonsillar herniation. She has had some headaches and Migraine medicines have been ineffective. Otherwise reasonably stable. Will sta; This study is being ordered for Congenital Anomaly.;	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Duration: date of onset: (birth); There has been treatment or conservative therapy.;	
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Overall doing OK. Here for annual check. for routine Chiari followup. MRI head shows decent flow posteriorly despite 10 mm	

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient did not have recent ordered MRI and needs follow up MRI to evaluate brain abscess.; 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.; 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.; The tumor is a pituitary tumor or patient has chiari malformation I and need simaging for headachs; This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient is 1 1/2 years out from right temporal craniotomy.He has history of epilepsy. He is experiencing 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).	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	PM&R Spine	

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	presented to the office with diagnosis of Chiari. Patient's had an episode of numbness and tingling affecting both upper extremities, neck pain, headache and numbness/tingling; This study is 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.; neck pain, headache and numbness/tingling,	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Problems	
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt coming for 3 mos follow up of brain 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. right arm weakness, dropping things from right hand, numbness and tingling; This study is being ordered for a neurological disorder.; unknown; There has not been any treatment or conservative therapy.; weakness, significant dizziness, headaches, 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	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	stenosis; This study is being ordered for a neurological disorder.; 2016; There has been treatment or conservative therapy.; neck pain, numbness and tingling in both arms, headache hx of seizures; The MRI are to evaluate for syrinx and hyperdynamic flow thru foramen magnum.; This study is being ordered for trauma or injury.; Unknown; There has been treatment or conservative therapy.; Headaches, worse with laughter and tingling in her left face and This is a 6 month follow-up for a right parietal meningioma.; 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.;	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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 This is a yearly follow-up for a left frontal meningioma; 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; A biopsy has not been completed to determine tumor tissue type.;	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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 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.;	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	There are recent neurological symptoms or deficits 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	3
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	presenting with a sudden change in severity, associated	11

Neurological Surgery	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 recent neurological deficits on exam such as one sided	3
Neurological Surgery	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 associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have	3
Neurological Surgery	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 associated with headache, blurred or double vision or a change in	1
Neurological Surgery	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 patient did not have a normal	1
Neurological Surgery	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 patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are recent	1
Neurological Surgery	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 patient has undergone treatment for a congenital abnormality (such as	4

Neurological Surgery	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,	1
Neurological Surgery	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 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	1
Neurological Surgery	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 infection or inflammation; The patient has a fever, stiff neck AND positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid	1
Neurological Surgery	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 intermittent or new neurological symptoms or deficits	1
Neurological Surgery	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 seizures; There has not been a previous	1
Neurological Surgery	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 stroke or aneurysm; There are recent neurological symptoms such as one sided weakness,	3
Neurological Surgery	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	82

Neurological Surgery	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 a pituitary tumor or pituitary adenoma.; There are not	1
Neurological Surgery	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 recent neurological symptoms such as one-sided weakness,	17
Neurological Surgery	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.	16
Neurological Surgery	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 and infection or inflammation. Tumor has increased in size.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is not known if the headache is described as a “thunderclap” or the worst headache of the patient’s life.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; It is not known if there are recent neurological symptoms such as one-sided	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1

Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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, 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	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; 01/15/2016; There has been treatment or conservative therapy.; Weakness, numbness, falls down often, pressure headaches that are increase with bending down, vision issues, balance issues, and ringing in the ears; brain surgery and medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or "The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ; 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	1
Neurological Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
Neurological Surgery	Approval	71250 CT CHEST, THORAX		1
Neurological Surgery	Approval	71250 CT CHEST, THORAX		1

Neurological Surgery	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request	1
Neurological Surgery	Approval	71250 CT CHEST, THORAX	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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Neurological Surgery	Approval	71250 CT CHEST, THORAX	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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has not	1
Neurological Surgery	Approval	71550 MRI CHEST	numbness & tingling in in left arm. weakness of It arm; 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	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2/1/17; There has been treatment or conservative therapy.; neck and back pain, headaches, numbness; PT, injections in neck and back; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1

Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	< 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.; numbness tingling radiating pain , headaches and pt is also dropping things because of the pain over 4 years now; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; meds, hydro codeine; One of the studies being ordered is NOT a	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	2
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; ; 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	1
Neurological Surgery	Approval	72125 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.	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	has attempted PT and continues to have right arm pain in the C5 and C6 distribution. MRI cervical spine reveals multi-level degenerative changes worse at 4/5 and 5/6 with some right sided facet disease. Scheduling surgery, x-rays showed fusion. would like; This study is not to be part of a Myelogram.; This is a request for a	1

Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	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	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	NEED CT FOR DIAGNOSTIC PURPOSES; 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	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Need to rule out cervical and thoracic stenosis of spine.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted part of a myelogram; This study is being ordered for trauma or injury.; 07/20/2016; There has been	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	treatment or conservative therapy.; neck and arm pain back and leg pain numbness of right hand; been on anti-	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	patient already had a mri but didn't fine anything so ct is needed; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Patient had MRI, he has had EMG/NCV's which did not confirm a diagnosis. Need cervical CT with contrast to to make a confirmed diagnosis. He has marked	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	decreased mtor movement of right hand, cannot hold a fork or zip his pants.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT;	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Patient has had Surgery in April and is having pain in surgical area.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT;	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Patient is having severe neck pain with radiating arm pain. MRI shows severe degenerative disc disease and osteophytes. Surgery to be scheduled following the CT scan results.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT;	1

Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	patient is now a year post surgery. He states that he continues to have some significant left incisional pain as well as thoracolumbar pain. He also continues to have neck pain and bilateral shoulder pain and bilateral scapular pain and mid scapular 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.; 03/30/16; PATIENT PRESENTED WITH WORSENING HA's & N/V TO ER EARLIER. OPHTHALMOLOGY CONSULTED TO EVAL FOR POSSIBLE OPTIC NERVE SWELLING.; It is not known if there are documented findings of immune system suppression.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; None of the options listed is the reason for the study.; There is a reason why the patient cannot have a redoing CT due to C-6 fracture; 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	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The MRI of the cervical spine shows severe spinal stenosis that extends extensively behind the vertebral body of C4 and the upper part of C5 as well. There is multilevel neural foramen stenosis and unremarkable post op changes at C5-6 and C6-7. I will; This study is not to be part of a Myelogram.; This is a request for a	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		1

Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; 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 chronic neck pain or suspected degenerative disease.; There has not 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.	
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	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	
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	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.; This study is being ordered	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	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.; This study is being ordered	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	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.; This study is being ordered	2

Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	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	1
Neurological Surgery	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 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	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This is a 6 week follow-up on a cervical fracture that occurred on 06/27/17.; 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	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	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 known tumor with or without metastasis.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or	1
Neurological Surgery	Approval	72125 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; 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	6
Neurological Surgery	Approval	72125 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; This study is being ordered due to neurological deficits.; The patient is experiencing or presenting symptoms of abnormal	1
Neurological Surgery	Approval	72125 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; This study is being ordered due to pre-operative evaluation.; The patient is experiencing or presenting symptoms of abnormal gait.; There is a known condition of neurological	2

Neurological Surgery	Approval	72125 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; This study is being ordered due to pre-operative evaluation.; The patient is experiencing or presenting symptoms of lower extremity motor weakness documented on physical exam.; There is a known condition of neurological	1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT UNKNOWN; This study is being ordered for a neurological disorder.; 09/18/2016; There has been treatment or conservative therapy.; patient is having weakness of upper and lower exttrimity and pain in the low back and neck,signaficant spinal cord connection; patient has had anti flammatory, pain medication and steroid and surgery on his neck; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The We would like to have these images to further investigate her neck and lower back pain. She is post-op from an anterior cervical discectomy and fusion. She has attempted multiple forms of conservative management and has failed to have any relief from her ; This study is being ordered for a neurological disorder.; 2 years; There has been treatment or conservative therapy.; Bilateral upper arm pain with numbness/tingling. Bilateral thigh pain.; Physical therapy, multiple rounds of muscle relaxers and steroids; One of the studies being ordered is NOT a	7
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		1
Neurological Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		1

			< 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 been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Meds and PT and injections. TENS unit.; One of the studies being ordered is NOT a Breast ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST		1
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	; 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	2
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	; This study is being ordered for Congenital Anomaly.; ; 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	1
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO 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.; ; 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	1
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	A decision was made to proceed with further diagnostic testing and to order a CT of the thoracic spine for further staging of surgery at T9-10 and to	1

Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	I feel that I'm uncertain what's causing the testicular pain as well as pain in his legs whether not this coming from his syrxinx or if it's coming from spinal stenosis. We need more information. We'll go ahead and get a lumbar and thoracic myelogram with ; This is a request for a thoracic spine CT.; There is no reason why the Motor vehicle accident, body showed interior wedging in acute compression with partially 30% loss of vertebral body height. Compression fracture at T4, left proximal rib fracture from T1 to T4.; This is a request for a thoracic spine CT.; There is no reason why the	1
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Need to rule out cervical and thoracic stenosis of spine.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Patient had three brain tumors that metastized to 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	1
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	patient is now a year post surgery. He states that he continues to have some significant left incisional pain as well as thoracolumbar pain. He also continues to have neck pain and bilateral shoulder pain and bilateral scapular pain and mid scapular 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.; 03/30/16; There has been treatment or conservative therapy.; ; PATIENT HAS HAD SURGERY, HAS TRIED INJECTIONS AND HAS BEEN DOINGPHYSICAL THERAPY.	1

Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	patient is status post T2-T9 instrumented fusion for compression fracture. Clinic for worsening low back pain and xrays show new compression at T9 and T10. Need to evaluate.; This is a request for a thoracic spine CT.; There is no reason why the patient cannot undergo Post lumbar fusion; This study is being ordered for trauma or injury.; 08/01/2017; There has been treatment or conservative therapy.; Aching and burning, Radiculopathy, numbness, tingling. Radiates at night.; 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 REQUESTING APPROVAL FOR CT'S TO FOLLOW MYELOGRAM'S THAT ARE BEING ORDERD.; This study is being ordered for trauma or injury.; 03-10-13 - CAR 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 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 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 radiculopathy	1
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST		1
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST		1
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST		1
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST		1
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST		2

Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	This is a request for a thoracic spine CT.; "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.; There is a reason why the	1
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	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	1
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	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 unknown; This study is being ordered for trauma or injury.; about 4 years ago; There has been treatment or conservative therapy.; stabbing pains in hip area, hurts more when sitting/in a car, better when walking; 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	1
Neurological Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST		1
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK		1
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	< 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 been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Meds and PT and injections. TENS unit.; One of the studies being ordered is NOT a Breast	1

			< 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.; numbness tingling radiating pain , headaches and pt is also dropping things because of the pain over 4 years now; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; meds, hydro codeine; One of the studies being ordered is NOT a ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted ; 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 ; This study is being ordered for Congenital Anomaly.; ; 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 ; This study is 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 part of a myelogram; This study is being ordered for trauma or injury.; 07/20/2016; There has been treatment or conservative therapy.; neck and arm pain back and leg pain numbness of right hand; been on anti-	
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK		1
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK		3
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK		1
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK		1
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK		1
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK		1
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK		1

Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	Patient had three brain tumors that metastized to 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 patient is now a year post surgery. He states that he continues to have some significant left incisional pain as well as thoracolumbar pain. He also continues to have neck pain and bilateral shoulder pain and bilateral scapular pain and mid scapular 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.; 03/30/16;	1
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	Post lumbar fusion; This study is being ordered for trauma or injury.; 08/01/2017; There has been treatment or conservative therapy.; Aching and burning, Radiculopathy, numbness, tingling. Radiates at night.; 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	1
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	REQUESTING APPROVAL FOR CT'S TO FOLLOW MYELOGRAM'S THAT ARE BEING ORDERD.; This study is being ordered for trauma or injury.; 03-10-13 - CAR	1
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK		

Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	Rodney is 6 months out from anterolateral retroperitoneal approach for lumbar interbody fusion at L3-4 and L4-5 with lateral plating at both levels. He previously underwent posterior transforaminal lumbar interbody fusion at L3-L4. He's doing better every; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Duration: 11/2013; There has been treatment or conservative therapy.; over a year S/P lateral L3 = L5 fusin for pseudo. Last Ct with good fusion. Persistent	
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-	52
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	5
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	1
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	16

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 UNKNOWN; This study is being ordered for a neurological disorder.; 09/18/2016; There has been treatment or conservative therapy.; patient is having weakness of upper and lower exttrimity and pain in the low back and neck,signaficant spinal cord connection; patient has had anti flammotory, pain medication and steroid and surgery on his neck; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The	25
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	unknown; This study is being ordered for trauma or injury.; about 4 years ago; There has been treatment or conservative therapy.; stabbing pains in hip area, hurts more when sitting/in a car, better when walking; 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
Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK		1

Neurological Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	<p>We would like to have these images to further investigate her neck and lower back pain. She is post-op from an anterior cervical discectomy and fusion. She has attempted multiple forms of conservative management and has failed to have any relief from her ; This study is being ordered for a neurological disorder.; 2 years; There has been treatment or conservative therapy.; Bilateral upper arm pain with numbness/tingling. Bilateral thigh pain.; Physical therapy, multiple rounds of muscle relaxers 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</p>	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>&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.; ; 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.</p>	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>&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.; PAIN RADIATING DOWN ARM AND FOREARM, WORSENER.; The patient does not have</p>	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; < 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	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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 >; MEDS, < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; < Describe primary symptoms	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; < Describe primary symptoms	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 05/17/2017; There has been treatment or conservative therapy.; neck and arm pain , back pain. leg pain , weakness and numbness; PT, medication , home exercise , injection; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 05/23/2017; There has been treatment or conservative therapy.; neck pain radiating into bilateral arm and shoulder, numbness and tingling in fingers. back pain radiating into right thigh and leg; PT x 8 weeks, oral medications, oral steroids,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted</p> <p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; more the 6 months; There has been treatment or conservative therapy.; radiculopathy and pain; physical therapy, 12 sessions, chiropractic care; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		6
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>; 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.; Lillian is 1 year s/p suboccipital decompression for chiari malformation. She reports improvement in symptoms. Recently she had a massage where the individual pressed more firmly to the back of her neck. It resulted in numbness and tingling to the right a; 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.</p>	1

Neurological 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; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; upper Bilat; The patient does not have new signs or symptoms of bladder or bowel	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; 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	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.;	
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Here for f/u p new MRI obtained. Left hand numbness ; This study is being ordered for a metastatic disease.;	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	There are 2 exams are being ordered.;	
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	One of the studies being ordered is a Breast MRI, CT Colonoscopy, ; This study is being ordered for a metastatic disease.;	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	There are 3 exams are being ordered.;	
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	One of the studies being ordered is a Breast MRI, CT Colonoscopy, ; This study is being ordered for a neurological disorder.;	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	It is not known if there has been any treatment or conservative therapy.;	
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.;	2
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The ordering MDs specialty is NOT ; This study is being ordered for a neurological disorder.;	
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	05/04/13; There has been treatment or conservative therapy.;	
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	PATIENT IS HAVING NECK PAIN, MID SCAPULA PAIN DOWN TO HER MID BACK. pain radiates out laterally in her mid back and bilateral subscapular as well as out to both shoulders and down both arms. reports bilateral hand numbness involving all of her digits. Sh; PATIENT HAS HAD SEVERAL	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 5/20/15; There has been treatment or conservative therapy.; Patient reports recent chest pain, palpitations, fainting, and swelling in the extremities. She reports muscle/joint aches, joint stiffness, and muscle loss/atrophy. She reports	
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; few months ago; There has not been any treatment or conservative therapy.; This 63 year old female presents with neck pain that radiates to her arms and back pain that radiates to her legs. She complains of numbness in her left arm and hands, bilaterally. She states this began about three months ago and has worsened since. She c;	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, ; This study is being ordered for a neurological disorder.; surgical procedure(s)/date(s): (sp LP shunt 12/3/14, LP shunt removal on 12/31/14); There has been treatment or conservative therapy.; Location:	
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for Congenital Anomaly.; 5 WKS; There has not been any treatment or conservative therapy.; ABNORMAL SPINAL CUTANEOUS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for Congenital Anomaly.; Duration: date of onset: (1994-1995); There has been treatment or conservative therapy.; Frequency	
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for Congenital Anomaly.; Duration: months; There has been treatment or conservative therapy.; Duration: months 	
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.;	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ;</p> <p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; ;</p> <p>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</p>	2
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>12/2016; There has been treatment or conservative therapy.; back pain, right leg pain, right leg numbness and weakness, tingling.; 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</p>	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>12/2016; There has been treatment or conservative therapy.; back pain, right leg pain, right leg numbness and weakness, tingling.; 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</p>	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>; This study is being ordered for trauma or injury.; INJURY WHILE PICKING UP AND AIR CONDITIONER AND FELT A POP IN JULY 7/2017; It is not known if there has been any treatment or conservative therapy.; Neck pain - pt has subtle myelopathic signs. recommend MRI c spine. deep tendon reflexes abnormal.Thoracic back pain - needs repeat CT T spine and MRI t spine to evaluate the progression of fractures. Pain in thoracic spine. T11 and T12 fractures sustaine; One of the studies being ordered is NOT a Breast MRI, CT</p> <p>21 year old female with a history of headaches for years that generally wake her up at night and are suboccipital and radiate to behind right eye.Often improve when she gets up and with medicine but can return. The headaches have become nearly daily i the; This study is being ordered for a neurological disorder.; Duration: 6 months; There has been treatment or conservative therapy.; 21 year old female with a history of headaches for years that generally wake her up at night and are suboccipital and radiate to behind right eye.Often improve when she gets up and with medicine but can return. The headaches have become nearly daily i the; She was referred to us by her PCP.; 3 months post SOD. Studies look excellent with excellent cine flow. Will revisit in 6 months and follow.&#x0D;</p>	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	35 year old male presents with long standing history of headaches in the suboccipital area radiating to the top of his head exacerbated by Valsalva. THE HEADACHES WERE fairly mild but have worsened recently. He also has vertigo and near syncope when up, n; This study is being ordered for Congenital Anomaly.; Duration: date of onset: (07/07/2017); There has been treatment or conservative therapy.; pt mother called because he's in excruciating pain , and he hasn't been to work in 3 weeks . The lights make his head hurt and feels like a knife is in his head . He need some pain medicine for his chiari . pt is aware of upcoming apt sept 22. Pt is takin; She was referred to us by Dr. Robyn Wilkerson.; One of the studies being ordered is NOT a Breast MRI, 6 weeks S/P SOD with cranioplasty. Wound healing well. Has had numbness in back of head and amenorrhea since surgery (? pregnant). Counseled on activities etc. Neuro - intact. Wound C/D/I. Several small scab areas. Will send for pregnancy test. F/U 6 ANNUAL FOLLOW UP OF CHIARI I MALFORMATION; This study is 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
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Assessment / Plan BLE WEAKNESS, INTRADURAL/INTRAMEDULLARY MASS/LBP; 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	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Chiari I. Get cine flow and Tpsine. Revisit after, potential surgical candidate; This study is being ordered for Congenital Anomaly.; Duration: 6 years; There has been treatment or conservative therapy.; host of symptoms including occ double vision, clicking in right ear, suboccipital headacehes to right side of body exacerbated by Valsalva, occasion slurred speech, difficulty swallowing, difficulty with fine movement	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Compression of brain - Onset: 01/29/2015; CONTINUED FOLLOW UP IN MEMBER WITH MULTIPLE SPINAL ABNORMALITIES, CHRONIC BACK PAIN.; This study is being ordered for Congenital Anomaly.;	
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	7/12/2002; There has been treatment or conservative therapy.; SEVERE BACK PAIN, THE PAIN GOES UP HER BACK AND DOWN TO HER LOWER BACK, PAIN IN LEG, CONTINUED FOLLOW UP OF CHAIRI I MALFORMATION AND SYRINX; This study is being ordered for a neurological disorder.;	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	6/12/12; There has not been any treatment or conservative therapy.; CHIARI I CONTINUED FOLLOW UP; This study is being ordered for a neurological disorder.;	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	2015; There has not been any treatment or conservative therapy.; NEWLY FOUND CHIARI I MALFORMATION, HEADACHES, ABSENT GAG REFLEX, NECK PAIN, DECREASED	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Cranial Nerves: CN II Right: pupil normal size and reactive to light and dark; visual acuity 20/20 without correction and intact to confrontation; and fundoscopic exam grossly normal, optic nerve normal appearance, normal optic vessels, and no cataracts. ; 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 pateint with Valsalva headaches, neck pain, visual issues, tinnitus, speech issues, brain fog, neck/ back pain, balance issues. MRI	
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	CSPINE PAIN ASSOCIATED WITH MOTION decreased grip strength; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/07/17; There has not been any treatment or conservative therapy.; sever neck pain with headaches, has malformation, vision disturbances, light headed and dizzy, medication not helping headache, pain radiating into both shoulders, buzzing and ringing in ears, headaches so back "makes pt cry"; One of the studies being ordered is NOT a follow up after 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.; 1/24/17; There has been FOLLOW UP IF TORCULAR DERMOID; 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	
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	FOLLOW UP OF FENESTRATION OF THORACIC ARACHNOID CYST STATUS POST THORACIC LAMINOPLASTY AND FENESTRATION OF ARACHNOID CYST.; 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 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.; 6/6/2016; There has been treatment or	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	He underwent a muscle biopsy and nerve conduction study. He was diagnosed with inflammatory myopathy. He has some difficulty maintaining an erection.; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; Long-term history of back and neck pain. This is a dull and aching pain in his lower lumbosacral region and HISTORY OF TUMORS; 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 hyperactivity in lower extremities; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; Pt has neck pain, HA, weakness in upper extremities, left triceps, diminished sensation in fingers, significantly weak in	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1

Neurological Surgery	Approval	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; 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	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Medications neoplasm of the thoracic 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, 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.;	
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	2/12/2017; There has been treatment or conservative none; This study is being ordered for a neurological disorder.; 20 years ago; There has been treatment or conservative therapy.; pain in back and legs radiating to extremities, neck pain exacerbated by movement, steroid injections; Nsaids, pain meds, chiro care and heat and massage 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	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	numbness and tingling to upper and lower extremities; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; radiculopathy june 2016; There has been treatment or Overall doing OK. Here for annual check. for routine Chiari followup. MRI head shows decent flow posteriorly despite 10 mm tonsillar herniation. She has had some headaches and Migraine medicines have been ineffective. Otherwise reasonably stable. Will sta; This study is being ordered for Congenital Anomaly.;	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Duration: date of onset: (birth); There has been treatment or conservative therapy.; Overall doing OK. Here for annual check. for routine Chiari followup. MRI head shows decent flow posteriorly despite 10 mm Patient has chronic neck and interscapular pain. He has intermittent arm pain with certain movements. He has degenerative changes on his xray worse at C5/6. He has done chiropractic care and medications without relief. We will try to obtain an MRI of his ; 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.;	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	There is no weakness or reflex abnormality.;	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	THE PATIENT HAS COMPLETED 6 WEEKS OF PHYSICAL THERAPY AND IS HAVING INCREASING NECK PAIN AND HEADACHES.;	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Acute or Chronic neck and/or back pain; The patient does have new or changing neurologic signs or symptoms.;	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	It is not known if there is weakness or reflex abnormality.;	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient has numbness/tingling in both arms and has increased in severity.; 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 Patient with chronic neck and back pain with that radiates to right shoulder with hyperreflexia, positive Hoffman's, and clonus to bilateral lower ankles on physical exam. Need MRI cervical spine to rule out cord compression and nerve compression. Patient; This study is being ordered for a neurological disorder.; Greater than one year; There has been treatment or conservative therapy.; Patient with chronic neck and back pain with that radiates to right shoulder with hyperreflexia, positive Hoffman's, and clonus to bilateral lower ankles on physical exam. Patient also with chronic low back pain with radiation into buttock	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient with history of previous neck surgery 4 weeks ago. 	
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	PM Pre Surgery; 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 weakness.;	
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The patient does not have new signs or symptoms of	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	presented to the office with diagnosis of Chiari. Patient's had an episode of numbness and tingling affecting both upper extremities, neck pain, headache and numbness/tingling; This study is 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.; neck pain, headache and numbness/tingling,	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Problems right arm weakness, dropping things from right hand, numbness and tingling; This study is being ordered for a neurological disorder.; unknown; There has not been any treatment or conservative therapy.; weakness, significant dizziness, headaches, 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	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Right HF 5/5 stenosis; This study is being ordered for a neurological disorder.; 2016; There has been treatment or conservative therapy.; neck pain, numbness and tingling in both arms, headache hx of seizures;	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Synovial cyst found on previous mri that has changes.; 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.; LIMITED RANGE OF MOTION, BICEP REFLEX The MRI are to evaluate for syrinx and hyperdynamic flow thru foramen magnum.; This study is being	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	ordered for trauma or injury.; Unknown; There has been treatment or conservative therapy.; Headaches, worse with laughter and tingling in her left face and The patient has already had #2 CESI's which gave her significant relief but begun having headaches after the dry needling in post injection physical therapy. She has also had physical therapy and taking ibuprofen 200mg and gabapentin 300mg since 06/20/17 ; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; She complains of neck pain that radiates into her right scapula. She complains of numbness and tingling in her right arm and hand. She states she has a history ulnar nerve 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	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		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; 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.	3
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.	7
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	3

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>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.; &lt;Enter Additional Clinical Information&gt;</p>	1
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Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>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.; 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.; This 55 year old male presents with neck pain and weakness in right arm s/p altercation in July 2017.He complains of numbness and tingling in his right arm in the medial aspect and into his first two digits on the right hand. He also complains of weakness</p>	1
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Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; 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.	1
Neurological Surgery	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 spine MRI was performed more than 6 months ago.; Known Tumor with or without metastasis	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.	7
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1

Neurological 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; 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	3
Neurological 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	76
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Patient with chiari I malformation. Need MRI of the cervical spine due to findings of hyperreflexia on physical exam and to rule out presence of syrinx and cord compression. She also reports new onset numbness to bilateral hands. she has a positive hoffma; 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	1
Neurological 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.	32
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.; No, the patient is not	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; Pt has Chiari malformation and headaches; 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
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Pre-Operative Evaluation; ; No, the patient does not have new or changing neurological signs or symptoms.; Yes, the last Cervical spine MRI was performed within the past two weeks.	1
Neurological Surgery	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.	7
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.	2

Neurological Surgery	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.	2
Neurological Surgery	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	4
Neurological Surgery	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.	3
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; back pain, MRI lumbar spine reviewed. It shows diffuse disc degeneration and spondylosis, Patient has some myelopathic symptoms on examination with positive left Hoffmann	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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; Acute or Chronic neck and/or back pain; Yes, the patient demonstrate neurological deficits.; 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.; yes, there is a documented evidence of extremity weakness on physical examination.	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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	1
Neurological Surgery	Approval	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	1

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Total Disc Replacement July 2014 	
			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 left deltoy 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
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		
			unknown; This study is being ordered for a neurological disorder.; 01/15/2016; There has been treatment or conservative therapy.; Weakness, numbness, falls down often, pressure headaches that are increase with bending down, vision issues, balance issues, and ringing in the ears; brain surgery 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	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		
			Unknown; This study is being ordered for a neurological disorder.; 09/2016; There has been treatment or conservative therapy.; Radicular pain from neck to shoulders and back down to hip on R side, weakness in upper/lower extremity, getting worse, nothing seems to help it, previous back surgery before; PT, medication and home exercise	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		

Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Unknown; This study is being ordered for a neurological disorder.; 11/8/2016; There has been treatment or conservative therapy.; neck pain radiates down right arm and hand, fingers, back pain radiates 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.; SEPT 2016; There has been treatment or conservative therapy.; NECK AND BACK PAIN, RADICULOPATHY, RIGHT SIDE WEAKNESS, DIMENESHED REFLEXES, PAIN RADIATING FROM NECK TO THE SHOULDERS, UPPER AND LOWER EXTREMITY WEAKNESS; SURGERY, MEDICATIONS, PHYSICAL THERAPY	1
Neurological Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< 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 physician is not a hematologist/oncologist.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 4/1/17; There has been treatment or conservative therapy.; leg weakness, stiffness; 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

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< 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 been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; MEDICATIONS	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 5/18/2017; 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	1
Neurological Surgery	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.	4
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER 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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; 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	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 05/04/13; There has been treatment or conservative therapy.; PATIENT IS HAVING NECK PAIN, MID SCAPULA PAIN DOWN TO HER MID BACK. pain radiates out laterally in her mid back and bilateral subscapular as well as out to both shoulders and down both arms. reports bilateral hand numbness involving all of her digits. Sh; PATIENT HAS HAD SEVERAL INJECTIONS AND HAS HAD SEVERAL ROUNDS OF PHYSICAL THERAPY. SHE HAS HAD NERVE CONDUCTION STUDIES AND HAS BEEN SEEING A PAIN MANAGEMENT DOCTOR.	1

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for Congenital Anomaly.; 5 WKS; There has not been any treatment or conservative therapy.; ABNORMAL SPINAL CUTANEOUS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for Congenital Anomaly.; Duration: months; There has been treatment or conservative therapy.; Duration: months	
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER 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.; ; It is	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER 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
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER 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.; ; 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	1

Neurological Surgery Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER 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.; 06/19/2012 OUR FIRST VISIT WITH HIM, HE HAS BEEN CONTROLLING PAIN THRU CC SINCE THEN.

Neurological Surgery Approval 72146 MRI THORACIC SPINE CHEST SPINE UPPER 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.; 12/2016; There has been treatment or conservative therapy.; back pain, right leg pain, right leg numbness and weakness, tingling.; 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

Approval

72146 MRI THORACIC
SPINE CHEST SPINE
UPPER BACK WITHOUT
CONTRAST

21 year old female with a history of headaches for years that generally wake her up at night and are suboccipital and radiate to behind right eye. Often improve when she gets up and with medicine but can return. The headaches have become nearly daily in the; This study is being ordered for a neurological disorder.; Duration: 6 months; There has been treatment or conservative therapy.; 21 year old female with a history of headaches for years that generally wake her up at night and are suboccipital and radiate to behind right eye. Often improve when she gets up and with medicine but can return. The headaches have become nearly daily in the; She was referred to us by her PCP.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	35 year old male presents with long standing history of headaches in the suboccipital area radiating to the top of his head exacerbated by Valsalva. THE HEADACHES WERE fairly mild but have worsened recently. He also has vertigo and near syncope when up, n; This study is being ordered for Congenital Anomaly.; Duration: date of onset: (07/07/2017); There has been treatment or conservative therapy.; pt mother called because he's in excruciating pain , and he hasn't been to work in 3 weeks . The lights make his head hurt and feels like a knife is in his head . He need some pain medicine for his chiari . pt is aware of upcoming apt sept 22. Pt is takin; She was referred to us by Dr. Robyn Wilkerson.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	ANNUAL FOLLOW UP OF CHIARI I MALFORMATION; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/4/2016; There has not been any treatment or conservative therapy.; HEADACHES AND NECK PAIN	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Assessment / Plan	

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	BLE WEAKNESS, INTRADURAL/INTRAMEDULLARY MASS/LBP; 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 CONTINUED FOLLOW UP IN MEMBER WITH MULTIPLE SPINAL ABNORMALITIES, CHRONIC BACK PAIN.; This study is being ordered for Congenital Anomaly.;	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	7/12/2002; There has been treatment or conservative therapy.; SEVERE BACK PAIN, THE PAIN GOES UP HER BACK AND DOWN TO HER LOWER BACK, PAIN IN LEG,	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	CONTINUED FOLLOW UP OF CHAIRI I MALFORMATION AND SYRINX; This study is being ordered for a neurological disorder.; 6/12/12; There has not been any treatment or conservative therapy.; CHIARI I MALFORMATION, SYRINX, HEADACHES	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	CONTINUED FOLLOW UP; This study is being ordered for a neurological disorder.; 2015; There has not been any treatment or conservative therapy.; NEWLY FOUND CHIARI I MALFORMATION, HEADACHES, ABSENT GAG REFLEX, NECK PAIN, DECREASED Cranial Nerves: CN II Right: pupil normal size and reactive to light and dark; visual acuity 20/20 without correction and intact to confrontation; and fundoscopic exam grossly normal, optic nerve normal appearance, normal optic vessels, and no cataracts. ; 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 pateint with Valsalva headaches, neck pain, visual issues, tinnitus, speech issues, brain fog, neck/ back pain, balance issues. MRI	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	follow up after 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.; 1/24/17; There has been	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	FOLLOW UP IF TORCULAR DERMOID; 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 physician is not a hematologist/ oncologist.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	FOLLOW UP OF FENESTRATION OF THORACIC ARACHNOID CYST STATUS POST THORACIC LAMINOPLASTY AND FENESTRATION OF ARACHNOID CYST.; 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 physician is not a hematologist/ oncologist.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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.; 6/6/2016; There has been treatment or conservative therapy.; CHIARI I MALFORMATION AND SYRINX; POSTERIOR SPINAL FUSION	1

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Here for MRI F/U. Studies how minimal low tonsils and excellent flow. She has had some headaches and visual issues and may need to see eye doc when headaches are severe. Also having burning in thorax and legs at times. Has T spine syrinx not imaged this t; This study is being ordered for Congenital Anomaly.; Duration: 2 years; There has been treatment or conservative therapy.; 15 year old female with at least one sister with Chiari I who was diagnosed in 2014 with Chiari I by Dr. Boop. At that time she was a suspicious area of signal intensity change in the cord as well.. She has had severe suboccipital headaches exacerbated by; Immitrex 25 mg tablet;#x0D;
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Medications;#x0D;
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	neoplasm of the thoracic 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
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Problems;#x0D;

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Right HF 5/5	
Neurological Surgery	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.; Chief Complaint	
Neurological Surgery	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.; The patient is experiencing or presenting symptoms of abnormal gait.	2
Neurological Surgery	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.; The patient is experiencing or	2
Neurological Surgery	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.; unknown; The patient is	1
Neurological Surgery	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.; 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,	2
Neurological Surgery	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	3

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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.	3
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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 new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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
Neurological Surgery	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.; I will have the patient return to clinic with a MRI of the T spine for evaluation of the right leg pain and weakness complaints of the right leg. The thoracic MRI is to work up the weakness complaints as we have already had a MRI of the cervical spine in; The patient is experiencing	1
Neurological Surgery	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.; MRI T spine wo showed: Altered signal within the thoracic cord the T6-T8 levels with mild	

Neurological Surgery	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.; N/A; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Neurological Surgery	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 abnormal gait.	1
Neurological Surgery	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.	1
Neurological Surgery	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.	1
Neurological Surgery	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.	1
Neurological Surgery	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.	2

Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; There is laboratory or x-ray evidence of osteomyelitis.; Known or Suspected Infection or abscess	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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.	1
Neurological Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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 weakness.; complains of right leg 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.	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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 weakness.; Document exam findings; The patient does not have new signs or symptoms of	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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 not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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 physician is not a hematologist/ oncologist.	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>&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</p>	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 05/17/2017; There has been treatment or conservative therapy.; neck and arm pain , back pain. leg pain , weakness and numbness; PT, medication , 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</p>	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 05/23/2017; There has been treatment or conservative therapy.; neck pain radiating into bilateral arm and shoulder, numbness and tingling in fingers. back pain radiating into right thigh and leg; PT x 8 weeks, oral medications, 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</p>	1
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Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 2/1/17; There has been treatment or conservative therapy.; neck and back pain, headaches, numbness; PT, injections in neck and 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</p>	1
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Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; 4/1/17; There has been treatment or conservative therapy.; leg weakness, stiffness; 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</p>	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; a year and half ago; There has been treatment or conservative therapy.; back pain, numbness in left foot, radiating pain, bilateral stenosis; PT, chiropratic care, 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</p>	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for a neurological disorder.; more the 6 months; There has been treatment or conservative therapy.; radiculopathy and pain; physical therapy, 12 sessions, chiropractic care; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>&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.; 01/01/2012; There has been treatment or conservative therapy.; pain; home exersices, epidurals; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 5/18/2017; 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</p>	1

Neurological Surgery	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.	6
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.; 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.	1
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 weakness.; On exam, Mr. Moore Ambulates independently with antalgic gait. He has limited range of motion with forward flexion and hyperextension. Positive right SI joint compression. He describes right side numbness/pain that radiates across his groin and later; 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	; 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.	1

Neurological 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 none of the above	2
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; 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	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; The study requested is a Lumbar Spine MRI.; There is no laboratory or x-ray evidence of osteomyelitis.; Known or Suspected 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".	1
Neurological Surgery	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 a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; 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	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; surgical procedure(s)/date(s): (sp LP shunt 12/3/14, LP shunt removal on 12/31/14); There has been treatment or conservative therapy.; Location: Low back Midline; Mid-back Midline; Neck Midline; Leg(s) Right 	
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for Congenital Anomaly.; 5 WKS; There has not been any treatment or conservative therapy.; ABNORMAL SPINAL CUTANEOUS; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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 Congenital Anomaly.; Duration: months; There has been treatment or conservative therapy.; Duration: months 	
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.; ; 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.; ; There has not been any treatment or conservative therapy.;	2
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.; ; There has not been any treatment or conservative therapy.;	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>; This study is 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</p>	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/19/2012 OUR FIRST VISIT WITH HIM, HE HAS BEEN CONTROLLING PAIN THRU CC SINCE THEN.&#x0D; 21 year old female with a history of headaches for years that generally wake her up at night and are suboccipital and radiate to behind right eye.Often improve when she gets up and with medicine but can return. The headaches have become nearly daily i the; This study is being ordered for a neurological disorder.; Duration: 6 months; There has been treatment or conservative therapy.; 21 year old female with a history of headaches for years that generally wake her up at night and are suboccipital and radiate to behind right eye.Often improve when she gets up and with medicine but can return. The headaches have become nearly daily i the; She was referred to us by her PCP.;</p>	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/19/2012 OUR FIRST VISIT WITH HIM, HE HAS BEEN CONTROLLING PAIN THRU CC SINCE THEN.&#x0D; 21 year old female with a history of headaches for years that generally wake her up at night and are suboccipital and radiate to behind right eye.Often improve when she gets up and with medicine but can return. The headaches have become nearly daily i the; This study is being ordered for a neurological disorder.; Duration: 6 months; There has been treatment or conservative therapy.; 21 year old female with a history of headaches for years that generally wake her up at night and are suboccipital and radiate to behind right eye.Often improve when she gets up and with medicine but can return. The headaches have become nearly daily i the; She was referred to us by her PCP.;</p>	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	35 year old male presents with long standing history of headaches in the suboccipital area radiating to the top of his head exacerbated by Valsalva. THE HEADACHES WERE fairly mild but have worsened recently. He also has vertigo and near syncope when up, n; This study is being ordered for Congenital Anomaly.; Duration: date of onset: (07/07/2017); There has been treatment or conservative therapy.; pt mother called because he's in excruciating pain , and he hasn't been to work in 3 weeks . The lights make his head hurt and feels like a knife is in his head . He need some pain medicine for his chiari . pt is aware of upcoming apt sept 22. Pt is takin; She was referred to us by Dr. Robyn Wilkerson.; One of the studies being ordered is NOT a Breast MRI,	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	ANNUAL FOLLOW UP OF CHIARI I MALFORMATION; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/4/2016; There has not been any treatment or conservative therapy.; HEADACHES AND NECK PAIN	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Assessment / Plan	
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Assessment / Plan	

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	back and right leg pain described as an S1 radiculopathy; 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.; Hip strength was normal bilaterally. Motor, Sensory, Deep Tendon Reflexes: Sensory exam of the right side demonstrates no sensory deficits. Motor exam of the right side demonstrates 5/5 Hip Flexor (L2), 5/5 Knee Extensor (L3), 5/5 Ankle Dorsiflexor (L4), BLE WEAKNESS, INTRADURAL/INTRAMEDULLARY MASS/LBP; 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 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	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	CT/MRI.; The ordering MDs specialty is NOT 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	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	CONTINUED FOLLOW UP IN MEMBER WITH MULTIPLE SPINAL ABNORMALITIES, CHRONIC BACK PAIN.; This study is being ordered for Congenital Anomaly.; 7/12/2002; There has been treatment or conservative therapy.; SEVERE BACK PAIN, THE PAIN GOES UP HER BACK AND DOWN TO HER LOWER BACK, PAIN IN LEG, NUMBNESS; IMPERFORATE ANUS, TETHERED CORD RELEASE	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	CONTINUED FOLLOW UP OF CHAIRI I MALFORMATION AND SYRINX; This study is being ordered for a neurological disorder.; 6/12/12; There has not been any treatment or conservative therapy.; CHIARI I MALFORMATION, SYRINX, HEADACHES	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	CONTINUED FOLLOW UP; This study is being ordered for a neurological disorder.; 2015; There has not been any treatment or conservative therapy.; NEWLY FOUND CHIARI I MALFORMATION, HEADACHES, ABSENT GAG REFLEX, NECK PAIN, DECREASED SENSATION IN HER RIGHT ARM AND LEG, BALANCE PROBLEM.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Cranial Nerves: CN II Right: pupil normal size and reactive to light and dark; visual acuity 20/20 without correction and intact to confrontation; and fundoscopic exam grossly normal, optic nerve normal appearance, normal optic vessels, and no cataracts. ; 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 pateint 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; Flonase Allergy Relief 50 mcg/actuation nasal spray,suspension	
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	CSPINE PAIN ASSOCIATED WITH MOTION	

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Dr. Rubin reviewed the EMG/NCV that was done on 07/10/2017 by Dr. Sullivan. It revealed mild chronic left L5 radiculopathy. There is no evidence of right sided neural compromise to account for right leg pain. Per Dr. Rubin, If she is having left leg pain; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing FOLLOW UP IF TORCULAR DERMOID; 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	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	FOLLOW UP OF FENESTRATION OF THORACIC ARACHNOID CYST STATUS POST THORACIC LAMINOPLASTY AND FENESTRATION OF ARACHNOID CYST.; 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 physician is not a hematologist/ oncologist.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; 6/6/2016; There has been treatment or from record: pt has had ongoing lumbar and leg pain since early 2016 pt has been seeing a chronic pain specialist since and it is noted that there is a disc bulge and protrusion from older scans. We need to obtain current scans to access, eval and treat i; The study	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>He reports he is interested in surgical intervention for his significant left leg pain. He states he will do anything that will help ease his discomfort.; 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 He underwent a muscle biopsy and nerve conduction study. He was diagnosed with inflammatory myopathy. He has some difficulty maintaining an erection.; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; Long-term history of back and neck pain. This is a dull and aching pain in his lower lumbosacral region and</p>	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Here for MRi F/U. Stufies how monimal low tonsils and excellent flow. She has had some headaches and visual issues and may need to see eye doc when headacahes are severe. Also having burning in thorax and legs at times. Has Tspine syrinx not imaged this t; This study is being ordered for Congenital Anomaly.; Duration: 2 years; There has been treatment or conservative therapy.; 15 year old female with at least one sister with Chiari I who was diagnosed in 2014 with Chiari I by Dr. Boop. At that time the was a suspicious area os signal intensity change in the cord as well.. She has had severe suboccipital headaches exacerbaded by; lmitrex 25 mg tablet&#x0D;</p>	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	HERNAITED DISC; 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.; RADIATING PAIN, NUMBNESS IN FOOT; 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	HPI: Chief Complaint: LBP 	
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Kyle Woods comes in today with complaints of persistent and severe back pain. 	
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; 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.	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>none; This study is being ordered for a neurological disorder.; 20 years ago; There has been treatment or conservative therapy.; pain in back and legs radiating to extremities, neck pain exacerbated by movement, steroid injections; Nsaids, pain meds, chiro care and heat and massage 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</p>	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>numbness and tingling to upper and lower extremities; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; radiculopathy june 2016; There has been treatment or conservative therapy.; radiculopathy; medication and PT for 6 wks</p>	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Patient had a nodule at L1-2 with enhancement on Mri from 1 year ago. This is a 1 year followup.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</p>	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Patient had worsening back that radiate to the leg a month ago</p>	

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient with chronic neck and back pain with that radiates to right shoulder with hyperreflexia, positive Hoffman's, and clonus to bilateral lower ankles on physical exam. Need MRI cervical spine to rule out cord compression and nerve compression. Patient; This study is being ordered for a neurological disorder.; Greater than one year; There has been treatment or conservative therapy.; Patient with chronic neck and back pain with that radiates to right shoulder with hyperreflexia, positive Hoffman's, and clonus to bilateral lower ankles on physical exam. Patient also with chronic low back pain with radiation into buttock post op spine surgery on 04/14/2017; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Post surgery 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.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Problems	
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	PT HAD SURGERY ON (R) L4/5 DISCECTOMY ON 7/14/17. 	

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt has lumbar radiculopathy; low back pain w/severe pain radiating to left leg and now into foot; in so much pain he can't ambulate without a walker; he's done oral medications, oral steroids, PT but still worsening and not getting any better.; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Reflex Scores: 	
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Rodney is 6 months out from anterolateral retroperitoneal approach for lumbar interbody fusion at L3-4 and L4-5 with lateral plating at both levels. He previously underwent posterior transforaminal lumbar interbody fusion at L3-L4. He's doing better every; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Duration: 11/2013; There has been treatment or conservative therapy.; over a year S/P lateral L3 = L5 fusin for pseudo. Last Ct with good fusion. Persistent left radicular pain now to right at times. Tender over hardware posteriorly. neuro - intact. Will obtain CT and MRI to check hardware and for nerve impingement. MAy nee; Previous Spine Physical Therapy: did not help 	

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Surgical consideration, need to r/o other underlying causes for new onset pain.; 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 both 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.	1
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.; The patient does have a new foot drop.	3
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.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	8
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 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?	13

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.	7
Neurological Surgery	Approval	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 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.	3
Neurological Surgery	Approval	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 Neurologic deficits	6
Neurological Surgery	Approval	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 Pre-operative evaluation; The patient has not had a Lumbar Spine MRI performed within the past 2 weeks.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.	2
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.	2

Neurological Surgery	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.; 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.	5
Neurological Surgery	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.; This procedure is being requested for Known or suspected infection or abscess	1
Neurological Surgery	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.; This procedure is being requested for Known or suspected tumor with or without metastasis	1
Neurological Surgery	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.; This procedure is being requested for Neurologic deficits	4
Neurological Surgery	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.; This procedure is being requested for Pre-operative evaluation; The patient has not had a Lumbar Spine MRI performed within the past 2 weeks.	2
Neurological 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 6 weeks of completed conservative care in the past 3 months or had a spine injection	164
Neurological 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 an Abnormal x-ray indicating a significant abnormality	13

Neurological 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 completed Treatment with a facet joint or epidural injection in the past 6 weeks	6
Neurological 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)	82
Neurological Surgery	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.; 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.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; 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.	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Unknown; This study is being ordered for a neurological disorder.; 09/2016; There has been treatment or conservative therapy.; Radicular pain from neck to shoulders and back down to hip on R side, weakness in upper/lower extremity, getting worse, nothing seems to help it, previous back surgery before; PT, medication and home exercise	1

Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Unknown; This study is being ordered for a neurological disorder.; 11/8/2016; There has been treatment or conservative therapy.; neck pain radiates down right arm and hand, fingers, back pain radiates down right calf, numbness; injections, meds(oxycodone) PT	1
Neurological Surgery	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.; SEPT 2016; There has been treatment or conservative therapy.; NECK AND BACK PAIN, RADICULOPATHY, RIGHT SIDE WEAKNESS,	1
Neurological Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	We are going to get an MRI of his left shoulder to rule out a rotator cuff tear, an MRI of his L-spine with and without to rule out an HNP; This study is 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 been treatment or conservative therapy.; ; physical therapy, 	
Neurological Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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 documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	1

Neurological Surgery	Approval	72196 MRI PELVIS	; 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.	1
Neurological Surgery	Approval	72196 MRI PELVIS	A 1-1/2 year history of left buttock pain radiating into the leg and an L3 dermatome distribution. No weakness, episodic numbness primary complaints of pain. He has failed 1 injection. MRI scan lumbar negative. Would recommend that he go ahead and proceed; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Neurological Surgery	Approval	72196 MRI PELVIS	bilateral hip pain.; 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.	1
Neurological Surgery	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	2
Neurological Surgery	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; 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 >; Physical therapy	1

Neurological Surgery	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.	5
Neurological Surgery	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 completed 6 weeks of physical therapy?	1
Neurological Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurological Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.	1
Neurological Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Instability	1

Neurological Surgery	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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.	1
Neurological Surgery	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	2
Neurological Surgery	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	1

Neurological Surgery	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion. < Enter answer here - or Type In Unknown If No Info Given. >;	1
Neurological Surgery	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.	1
Neurological Surgery	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 operatove complication.; Yes this is a request for a Diagnostic CT	1
Neurological Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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	2
Neurological Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; 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	1

Neurological Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1
Neurological Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1
Neurological Surgery	Approval	74176 CT ABD & PELVIS W/O 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Neurological Surgery	Approval	74176 CT ABD & PELVIS W/O 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ultrasound or patient symptoms indicate that the cancer may be present or reoccurring.	1
Neurological Surgery	Approval	76390 Mr spectroscopy		This is a request for MRS.	1
Neurological Surgery	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	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.	2
Neurological Surgery	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST 70496 CT	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	1
Neurological Surgery	Disapproval	70498 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Congenital Anomaly.; ; It is not known if there has been any treatment or conservative therapy.;	1
Neurological Surgery	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Congenital Anomaly.; ; It is not known if there has been any treatment or conservative therapy.;	1

Neurological Surgery	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	2
Neurological Surgery	Disapproval	70544 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.	1
Neurological Surgery	Disapproval	70547 Mr angiography neck 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.	1
Neurological Surgery	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM 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.	2
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 patient has a chronic or recurring headache.	1
Neurological Surgery	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Surgical History	
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 sudden and severe.; There recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	1
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.	2

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.; This study is being ordered for a tumor.	1
Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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.	2
Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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
Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Congenital Anomaly.; ; It is not known if there has been any treatment or conservative therapy.;	1
Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; It is not known if there has been any treatment or conservative therapy.;	1
Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	He is 12 weeks out from one-level cervical discectomy and fusion. He is doing very well. X-rays look good. We will plan on seeing him back in one year with CT imaging to verify the integrity of his fusion. His myelopathy is markedly improved.; 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

Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	none; 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
Neurological Surgery	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	Spondylosis without myelopathy or radiculopathy, cervical region; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; PT, Meds, Pain management	1
Neurological Surgery	Disapproval	72128 CT THORACIC SPINE, UPPER BACK 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.	2
Neurological Surgery	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; It is not known if there has been any treatment or conservative therapy.;	1
Neurological Surgery	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; INJURY WHILE PICKING UP AND AIR CONDITIONER AND FELT A POP IN JULY 7/2017; It is not known if there has been any treatment or conservative therapy.; Neck pain - pt has subtle myelopathic signs. recommend MRI c spine. deep tendon reflexes abnormal.Thoracic back pain - needs repeat CT T spine and MRI t spine to evaluate the progression of fractures. Pain in thoracic spine. T11 and T12 fractures sustaine;	1
Neurological Surgery	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	CHRONIC PAIN; 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	1

Neurological Surgery	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	Spondylosis without myelopathy or radiculopathy, cervical region; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; < Describe primary	1
Neurological Surgery	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	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 radiculopathy documented on EMG or nerve conduction study.; Yes this is a request for a Diagnostic CT	1
Neurological Surgery	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary		1
Neurological Surgery	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	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.	2
Neurological Surgery	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	Spondylosis without myelopathy or radiculopathy, cervical region; This study is being ordered for a neurological disorder.; 2014; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; PT, Meds, Pain management	1
Neurological Surgery	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	2

Neurological Surgery	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 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	1
Neurological Surgery	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 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	1
Neurological Surgery	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	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	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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 muscle and extremity weakness headache swollen joints; 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	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; 8/2016; There has been treatment or conservative therapy.; back and neck pain , weakness in all extremities , disc protrusion, sharp stabbing shooting pain, muscle loss; 3 epidural injections, medications and physical therapy.. patient failed all	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; 9/16/2016; There has been treatment or conservative therapy.; neck and right arm pain. neck and low back pain.; PT for 12 weeks with no improvement. combination of medications	1

Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; jan 2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; injections, 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	1
Neurological Surgery	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.; 06/2017; There has been treatment or conservative therapy.; ; STERIODS, PHYSICAL 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	1
Neurological Surgery	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.; ; There has been treatment or conservative therapy.;	1

Neurological Surgery	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.; ; There has been treatment or conservative therapy.; BURNING, SHOOTING, SHARP,ACHING, THROBBING, AND STABBING PAIN.; PHYSICAL THERAPY, CHIROPRACTIC AND HEAT	1
Neurological Surgery	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.; ; It is not known if there has been any treatment or conservative therapy.;	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	3 weeks of physical therapy symptoms 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 weakness.; bilateral extremity weakness to include arms and hands; 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	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	CERVICAL FUSION AND LUMBAR EVALUATION FOR INJECTIONS OR 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.; 01/25/16; There has been treatment or conservative therapy.; NECK PAIN WITH PAIN IN BILATERAL ARMS WITH NUMBNESS AND WEAKNESS. PAIN IN LOWER BACK WITH PAIN IN BILATERAL LEGS.; REQUESTING APPROVAL FOR CERVICAL MRI FOR PREOPERATIVE EVAL. PATIENT HAS HAD INJECTIONS AND HAS HAD PHYSICAL THERAPY .	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Degenerative disease. severe neck 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.; n/a; 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

Disapproval

72141 MRI CERVICAL
SPINE OR NECK SPINE
WITHOUT CONTRAST

Radiology Services
Denied Not
Medically Necessary

He also has issues with gripping items and balance. He also complains of numbness and tingling in his This 51 year old male presents with low back pain that radiates into his right hip and through the posterior aspect of his right leg to the calf. He; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2002; There has been treatment or conservative therapy.; Patient has chronic LBP radiating to his right hip and posterior leg. He also has difficulty with balance, N/T in his hands and difficulty grasping objects. He has signs of significant myelopathy on exam.; Medications 

Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>He is presenting with complaints of severe neck pain, thoracic pain with some thoracic radicular symptoms, bilateral lower extremity radicular symptoms and intermittent upper extremity radicular symptoms. He has had a previous 3-level ACDF and a previous 3; This study is being ordered for a neurological disorder.; over the past 4-5 years his symptoms have continued to progress. 2012; There has been treatment or conservative therapy.; Grossly, his motor strength is normal in his upper and lower extremities with no focal findings. He has some patchy nondermatomal numbness but he also has some thoracic radicular symptoms as well.; He has been on anti-inflammatories and gets frequent massages. He has taken hydrocodone and tramadol fairly consistently for a number of years.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>
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Neurological Surgery	Disapproval	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.; 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.; &Enter Additional Clinical Information&	1
Neurological Surgery	Disapproval	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; 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.; &Enter Additional Clinical Information&	1

Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Neck pain and right sided numbness and weakness; 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 weakness 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.	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	neck/upper back (wing area) on the right. Had a chiropractic adjustment and has vertigo since, started taking meloxicam for the vertigo but it doesn't really help. Numbness and tingling in the right hand and arm with pain at times.; 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.; Evaluation of Deep Tendon Reflexes on the right side demonstrates 1/4 Triceps Reflex and 1/4 Achilles Reflex, but 2/4 Biceps Reflex, 2/4 Brachioradialis Reflex and 2/4 Patellar Reflex. Evaluation of Deep Tendon Reflexes on the left side demonstrates 1/4 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

Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Patient has advanced cervical degenerative disease at multiple levels especially at C3-4 C4-5 and C5-6, resulting in central spinal canal stenosis and foraminal stenosis. He had a positive Hoffman sign, indicating spinal cord compression and mild myelopa; 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.; the patient has a changing pattern of pain in the hand. His fourth and fifth fingers are currently involved, and there is a possibility of ulnar neuropathy.</p>	1
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>PATIENT HAS FAILED ESI AND THERAPY AND IS BEING EVALUATED FOR SURGICAL OPTIONS. HAVING MYELOPATHIC 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.; PATIENT IS HAVING INCREASED BILATERAL 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.</p>	1

Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Positive spurling maneuver on the right. Patient states that the she is having sharp and burning midline neck pain extending into the trapezius bilaterally, worse on the right than the left, with extension of pain predominantly in the right arm into the d; 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.	1
Neurological Surgery	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.	1

Neurological Surgery	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; 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.; Unknown	1
Neurological Surgery	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; Yes, the patient demonstrate neurological deficits.; yes, there is a documented evidence of extremity weakness on physical examination.	4
Neurological Surgery	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; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	3

Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; <Enter 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
Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; None of the above; Pt has known neck injury in 2013 while in the Marine Corps.; 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
Neurological Surgery	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 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.;	1

Neurological Surgery	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 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.; unkknow.; 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
Neurological Surgery	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.; ; 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	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.; ; 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
Neurological Surgery	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.; neck 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.	2

Neurological Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	wn to me s/p prior ACDF in Hot spring C5- C7 and T spine pain with T6/T7 small disc protrusion . Was doing well then in MVA i believe in MAy and has been having neck pain to lateral arms since. Some numbness adn occasional weakness. No gait issues. Persist; 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.	1
Neurological Surgery	Disapproval	72146 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 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.	1
Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; PT HAVING LONG TERM MID AND LOW BACK PAIN WITH RADICULOPATHY AND NUMBNESS/TINGLING. WAS REFERRED TO THIS NEUROLOGIST TO FIGURE OUT THE PROBLEM; It is not known if there has been any treatment or conservative therapy.; DISABLING SYMPTOMS OF MID AND LOW BACK PAIN, NUMBNESS/TINGLING. has radicular pain with wrapping around the chest.	

Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER 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.;	1
Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; It is not known if there has been any treatment or conservative therapy.;	1
Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; INJURY WHILE PICKING UP AND AIR CONDITIONER AND FELT A POP IN JULY 7/2017; It is not known if there has been any treatment or conservative therapy.; Neck pain - pt has subtle myelopathic signs. recommend MRI c spine. deep tendon reflexes abnormal. Thoracic back pain - needs repeat CT T spine and MRI t spine to evaluate the progression of fractures. Pain in thoracic spine. T11 and T12 fractures sustaine; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>He is presenting with complaints of severe neck pain, thoracic pain with some thoracic radicular symptoms, bilateral lower extremity radicular symptoms and intermittent upper extremity radicular symptoms. He has had a previous 3-level ACDF and a previous 3; This study is being ordered for a neurological disorder.; over the past 4-5 years his symptoms have continued to progress. 2012; There has been treatment or conservative therapy.; Grossly, his motor strength is normal in his upper and lower extremities with no focal findings. He has some patchy nondermatomal numbness but he also has some thoracic radicular symptoms as well.; He has been on anti-inflammatories and gets frequent massages. He has taken hydrocodone and tramadol fairly consistently for a</p>	1
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Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Post op spine 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.; ; 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</p>	1
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Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>The patient does have 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.; Will have her return to clinic after those examinations for further evaluation and treatment options. Patient was discussed with Dr. Knox. It appears that she needs a 1/8 inch shoe lift on the right. We will wait for her follow-up to start that; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.</p>	1
Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>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.; Myra Brown is a 63 year old female who presents today as a new patient with back pain. She reports that she has had chronic back pain that has got progressively worse. She reports her pain is down her whole spine and it is difficult to determine which p; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.</p>	1

Neurological Surgery	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.; The patient is experiencing or presenting symptoms of bowel or bladder dysfunction.	1
Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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 six weeks.; The study is being ordered due to chronic back pain or suspected degenerative disease.;	1
Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.; Patient has low back pain for 3 weeks. It started without trauma but she then fell and the pain got worse about 2 weeks ago. She has a severe L1 compression fracture with mild-moderate central stenosis. She has some right hip pain but no leg pain at this	1
Neurological Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.	1

Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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 weakness.; 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.	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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.	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; 9/16/2016; There has been treatment or conservative therapy.; neck and right arm pain. neck and low back pain.; PT for 12 weeks with no improvement. combination of medications	1

Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; jan 2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; injections, 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	1
Neurological Surgery	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.	1
Neurological Surgery	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.; ; 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	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.	1

Neurological Surgery	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 has acute or chronic back pain.; The patient has none of the above	2
Neurological Surgery	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.; 06/2017; There has been treatment or conservative therapy.; ; STERIODS, PHYSICAL 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	1
Neurological Surgery	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.; few months ago; There has not been any treatment or conservative therapy.; This 63 year old female presents with neck pain that radiates to her arms and back pain that radiates to her legs. She complains of numbness in her left arm and hands, bilaterally. She states this began about three months ago and has worsened since. She c; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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 WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; PT HAVING LONG TERM MID AND LOW BACK PAIN WITH RADICULOPATHY AND NUMBNESS/TINGLING. WAS REFERRED TO THIS NEUROLOGIST TO FIGURE OUT THE PROBLEM; It is not known if there has been any treatment or conservative therapy.; DISABLING SYMPTOMS OF MID AND LOW BACK PAIN, NUMBNESS/TINGLING. has radicular pain with wrapping around the chest.	
Neurological Surgery	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.; ;	2
Neurological Surgery	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.; BURNING, SHOOTING, SHARP,ACHING, THROBBING, AND STABBING PAIN.; PHYSICAL THERAPY, CHIROPRACTIC AND HEAT	1

Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	a 3 years out from L4-L5 S1 fusion had to be redone 2 months out from surgery now I question the possibility of pseudoarthrosis.; 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.; Special Tests: positive Straight Leg Raise on the right, tight hamstrings bilateral and positive Straight Leg Raise on the left, but negative Slump test.	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	CERVICAL FUSION AND LUMBAR EVALUATION FOR INJECTIONS OR 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.; 01/25/16; There has been treatment or conservative therapy.; NECK PAIN WITH PAIN IN BILATERAL ARMS WITH NUMBNESS AND WEAKNESS. PAIN IN LOWER BACK WITH PAIN IN BILATERAL LEGS.; REQUESTING APPROVAL FOR CERVICAL MRI FOR PREOPERATIVE EVAL. PATIENT HAS HAD INJECTIONS AND HAS HAD PHYSICAL THERAPY .	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Chief Complaint: LBP, bilateral leg pain (primary) 	

Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Conservative TX not helping, very active for his age; 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 middle back radiating down with numbness, decreased ROM to lumbar spine; 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.</p>
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Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>He also has issues with gripping items and balance. He also complains of numbness and tingling in his This 51 year old male presents with low back pain that radiates into his right hip and through the posterior aspect of his right leg to the calf. He; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2002; There has been treatment or conservative therapy.; Patient has chronic LBP radiating to his right hip and posterior leg. He also has difficulty with balance, N/T in his hands and difficulty grasping objects. He has signs of significant myelopathy on exam.; Medications &#x0D;</p>
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Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>He is presenting with complaints of severe neck pain, thoracic pain with some thoracic radicular symptoms, bilateral lower extremity radicular symptoms and intermittent upper extremity radicular symptoms. He has had a previous 3-level ACDF and a previous 3; This study is being ordered for a neurological disorder.; over the past 4-5 years his symptoms have continued to progress. 2012; There has been treatment or conservative therapy.; Grossly, his motor strength is normal in his upper and lower extremities with no focal findings. He has some patchy nondermatomal numbness but he also has some thoracic radicular symptoms as well.; He has been on anti-inflammatories and gets frequent massages. He has taken hydrocodone and tramadol fairly consistently for a number of years.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>Kevin Douglas is seen today in followup. Kevin is a very pleasant gentleman who had a 4-5 TLIF done her about a year ago and has done well up until just recently in which he has had now some recurrence of the bilateral leg pain. His back doesnt hurt too; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</p>	1

Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	NEGATIVE STRAIGHT LAZES BILATERALTY. SENSORY EXAM IS NORMAL BUT IF PT STANDS FOR PERIOD OF TIME HE WILL GET PARETHESIA. CAN SQUAT AND STAND WITH ASSISTANCE; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Post op spine 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.; ; 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	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt has steroids; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Surgical History	
Neurological Surgery	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.; The patient does have a new foot drop.	2

Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.	1
Neurological Surgery	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 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	4
Neurological Surgery	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 has acute or chronic back pain.; The patient has an Abnormal nerve study involving the lumbar spine	1
Neurological Surgery	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 has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	4
Neurological Surgery	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 has acute or chronic back pain.; The patient has Neurological deficit(s)	3
Neurological Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.	1
Neurological Surgery	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	bilateral hip pain; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1

Neurological Surgery	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	We are going to get an MRI of his left shoulder to rule out a rotator cuff tear, an MRI of his L-spine with and without to rule out an HNP; This study is 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 been treatment or conservative therapy.; ; physical therapy, 	
Neurological Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	pt still having abdominal and pelvic/groin 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.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	1
Neurology	Approval	70450 CT BRAIN, HEAD		< 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.	1
Neurology	Approval	70450 CT BRAIN, HEAD		< Enter answer here - or Type In Unknown If No Info Given. >; 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.	1

Neurology	Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 06/21/2017; There has been treatment or conservative therapy.; Seizures, headaches and history of aneurysms.; Medications	1
Neurology	Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2/2017; There has been treatment or conservative therapy.; numbness idiopathic peripheral neuropathy.; 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	
Neurology	Approval	70450 CT BRAIN, HEAD	Vertigo; Severe Claustrophobia is the reason an MRI is	1
Neurology	Approval	70450 CT BRAIN, HEAD	In summary, Kay Cissell is a 64 y.o. year old female who presents to the neurology clinic at the request of Dr.Pope for evaluation of memory loss. Her history is more consistent with a diagnosis of pseudodementia related to severe depression and anxiety r; 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	1
Neurology	Approval	70450 CT BRAIN, HEAD	Mr. Roseberry is seen with his wife regarding arm and leg numbness that developed suddenly in April 2017 and which has progressed some since. He has been found to have bilateral carpal tone syndrome that is severe. He is concerned that he might have mul; 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.; Metallic implants such as Pacemakers, ICD	1

Neurology	Approval	70450 CT BRAIN, HEAD	patient is a pleasant 38 year old female with a history of chronic headache and seizure disorder here for follow up. Since her last visit she reports having a few breakthrough seizures primarily having loss but no generalized seizure activity. She is taki; 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.	1
Neurology	Approval	70450 CT BRAIN, HEAD	pt has had events that are concerning for seizures vs. syncope. Semiology is consistent with syncope rather than seizures. pt continues to have basilar migraines in a frequency of 3x per week, as well.; 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 new onset of seizures or newly identified change in seizure activity or pattern.	1
Neurology	Approval	70450 CT BRAIN, HEAD	R/O intracranial abnormalities.; 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.	1
Neurology	Approval	70450 CT BRAIN, HEAD	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.	1

Neurology	Approval	70450 CT BRAIN, HEAD	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.	4
Neurology	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 does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
Neurology	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.	9
Neurology	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is being requested for a history of stroke, (CVA) known or follow-up.	2
Neurology	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital abnormality.	1
Neurology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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
Neurology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	; 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	1

Neurology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Nonpneumatized right sphenoid sinus.; 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	1
Neurology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	pressure in sinuses and face	
Neurology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 06/21/2017; There has been treatment or conservative therapy.; Seizures, headaches and history of aneurysms.; Medications	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2/2017; There has been treatment or conservative therapy.; numbness	
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	< 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 >; 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 >;	1

Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 5/2017; There has not been any treatment or conservative therapy.; please per mdo refer to ICD 10 codes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 09/01/2013; There has been treatment or conservative therapy.; right jaw and right arm 'locking up ' for 20-30 min, elevated blood pressure, Hx TIAs; aspirin dailt, b12, heart studies; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 7/10/2017; There has not been any treatment or conservative therapy.; Unknown	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;;	3

Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	; 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
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; 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	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	; This study is being ordered for a neurological disorder.; 11/2016; There has been treatment or conservative therapy.; Numbness and tingling starts in Left foot and goes all the way up the left side of her body to her face. Has many spells a day but some days no spells. Also has migraines with vision disturbance, squiggly lines and blurry vision. Also her blood pressure g; was started on Plavix and had a reaction and had to stop. So now only taking Aspirin 81mg daily.	1

Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	; This study is being ordered for a neurological disorder.; has been having problems for the last year; It is not known if there has been any treatment or conservative therapy.; Pulsatile nature is concerning.Depending on what it shows she might need catheter angiogram.Developed hearing loss when she was 6 years old. It was due to firecracker accident. 3 years ago she started developing tinnitus on the right side. It is pulsatile; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Cerebrovascular disease; This study is being ordered for a neurological disorder.; 01/11/2016; There has not been any treatment or conservative therapy.; Intractable episodic vertigo and headache.	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Check CTA Head/neck to rule out significant carotid or intracranial aneurysms. Cervical Spine MRI to rule out significant stenosis. He is hyperreflexic on exam; This study is being ordered for a neurological disorder.; 6/1/17; There has been treatment or conservative therapy.; Neck pain, Cervical Radicular pain, Falls, Myoclonus, episode of confusion, Family history of aneurysm. Left eye droopy and blurry, Myoclonus in his arms/legs, paresthesia in his arms,; ASA 81mg	1

Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	evaluation of stroke as well as headaches. most likely she has post stroke headache with migrainous migrainous features.; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; headache, dizziness; Aspirin, Topiramate	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Mr. Dodd is a pleasant 56 year old male with a history of Left ICA occlusion/Dissection in Feb 2016. who initially presented with A headache, neck pain and Horner's syndrome. His Follow up CTA on 6/10/16 showed a small (Hypoplastic) Left vertebral artery;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. MRI showed extensive white matter 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.; 6 months; There has been treatment or conservative therapy.; earache and jaw pain , blurred vision balance problems. confusion and memory loss; aspirin 81mg daily	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	numbness; This study is being ordered for a neurological disorder.; 2/10/2017; There has been treatment or conservative therapy.; migraines, spasm, dizziness;; medications	1

Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Patient also states that she gets upset a lot easier than before and also has been having headaches; This study is being ordered for a neurological disorder.; 8/22/17; There has been treatment or conservative therapy.; Mouth fell open and head wouldn't stay up, slurred speech, leg weakness, burning pain in right jaw, confusion; Patient was started on Plavix.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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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Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	patient had a carotid duplex performed which indicated 70% ICA stenosis.; This study is being ordered for Vascular Disease.; 2016; There has been treatment or conservative therapy.; stroke. Left hand weakness, loss of vision, slurred speech, left arm weakness; patient was started on Plavix, PT, OT and ST was ordered as well. Multiple imaging performed including MRI, CT and Carotid duplex.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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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Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Patient had an abnormal carotid 70% narrowing on the right side but; This study is being ordered for a neurological disorder.; Patient presented to the office on 5/15/17 with medical history significant for dizziness; It is not known if there has been any treatment or conservative therapy.; Dizziness, pallor, 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	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Patient has had multiple spells of pounding headaches with nausea and vomiting, black outs, slurred speech, dizziness, and blurred vision.; This study is being ordered for a neurological disorder.; 12/2016; There has been treatment or conservative therapy.; Black out spells, slurred speech, right hand tremor, head pounding headaches, dizziness, and blurred vision.; patient has been seen at multiple emergency rooms and treated with pain medicine and muscle relaxers.	1

Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Patient return to clinic today. She is followed in clinic for seizure disorder, migraine, headaches Thankfully she is doing well in both of these cases. She averages about 1 headache a month and has not had any seizures in quite some time. She has 2 compl; This study is being ordered for a neurological disorder.; unknown; There has not been any treatment or conservative therapy.; seizures, migraine headaches, right arm pain that radiates into her hands specifically the thumb may be the first finger. right weakness and leg weakness	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	recent history of cerebellar stroke; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Temporary blindness, tremors w pain in rt foot in first two toe's numbness, feels like something is vibrating, Transient visual loss, Numbness; This study is being ordered for a neurological disorder.; JANUARY 2017; There has been treatment or conservative therapy.; Transient visual loss, Numbness, Chronic neck pain, Temporary blindness, tremors w pain in rt foot in first two toe's numbness, feels like something is vibrating.; went to chiropractor	1
Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	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.; 3/16/17; There has been treatment or conservative therapy.; Pt has lost of vision, dizziness, headache; oral medication	1

Neurology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Unknown; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; Headaches, dizziness, balance problems;; Started on ASA 81mg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the brain.	12
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2/2017; There has been treatment or conservative therapy.; numbness	
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	< 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 >; 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 >;	1

Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 5/2017; There has not been any treatment or conservative therapy.; please per mdo refer to ICD 10 codes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 09/01/2013; There has been treatment or conservative therapy.; right jaw and right arm 'locking up ' for 20-30 min, elevated blood pressure, Hx TIAs; aspirin dailt, b12, heart studies; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 7/10/2017; There has not been any treatment or conservative therapy.; Unknown	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;;	3

Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	; 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
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.; 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	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	; This study is being ordered for a neurological disorder.; 11/2016; There has been treatment or conservative therapy.; Numbness and tingling starts in Left foot and goes all the way up the left side of her body to her face. Has many spells a day but some days no spells. Also has migraines with vision disturbance, squiggly lines and blurry vision. Also her blood pressure g; was started on Plavix and had a reaction and had to stop. So now only taking Aspirin 81mg daily.	1

Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	; This study is being ordered for a neurological disorder.; has been having problems for the last year; It is not known if there has been any treatment or conservative therapy.; Pulsatile nature is concerning.Depending on what it shows she might need catheter angiogram.Developed hearing loss when she was 6 years old. It was due to firecracker accident. 3 years ago she started developing tinnitus on the right side. It is pulsatile; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Cerebrovascular disease; This study is being ordered for a neurological disorder.; 01/11/2016; There has not been any treatment or conservative therapy.; Intractable episodic vertigo and headache.	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Check CTA Head/neck to rule out significant carotid or intracranial aneurysms. Cervical Spine MRI to rule out significant stenosis. He is hyperreflexic on exam; This study is being ordered for a neurological disorder.; 6/1/17; There has been treatment or conservative therapy.; Neck pain, Cervical Radicular pain, Falls, Myoclonus, episode of confusion, Family history of aneurysm. Left eye droopy and blurry, Myoclonus in his arms/legs, paresthesia in his arms,; ASA 81mg	1

Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	evaluation of stroke as well as headaches. most likely she has post stroke headache with migrainous migrainous features.; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; headache, dizziness; Aspirin, Topiramate	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Mr. Dodd is a pleasant 56 year old male with a history of Left ICA occlusion/Dissection in Feb 2016. who initially presented with A headache, neck pain and Horner's syndrome. His Follow up CTA on 6/10/16 showed a small (Hypoplastic) Left vertebral artery;; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	MRI showed extensive white matter 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.; 6 months; There has been treatment or conservative therapy.; earache and jaw pain , blurred vision balance problems. confusion and memory loss; aspirin 81mg daily	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	numbness; This study is being ordered for a neurological disorder.; 2/10/2017; There has been treatment or conservative therapy.; migraines, spasm, dizziness;; medications	1

Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Patient also states that she gets upset a lot easier than before and also has been having headaches; This study is being ordered for a neurological disorder.; 8/22/17; There has been treatment or conservative therapy.; Mouth fell open and head wouldn't stay up, slurred speech, leg weakness, burning pain in right jaw, confusion; Patient was started on Plavix.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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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Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	patient had a carotid duplex performed which indicated 70% ICA stenosis.; This study is being ordered for Vascular Disease.; 2016; There has been treatment or conservative therapy.; stroke. Left hand weakness, loss of vision, slurred speech, left arm weakness; patient was started on Plavix, PT, OT and ST was ordered as well. Multiple imaging performed including MRI, CT and Carotid duplex.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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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Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Patient had an abnormal carotid 70% narrowing on the right side but; This study is being ordered for a neurological disorder.; Patient presented to the office on 5/15/17 with medical history significant for dizziness; It is not known if there has been any treatment or conservative therapy.; Dizziness, pallor, 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	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Patient has had multiple spells of pounding headaches with nausea and vomiting, black outs, slurred speech, dizziness, and blurred vision.; This study is being ordered for a neurological disorder.; 12/2016; There has been treatment or conservative therapy.; Black out spells, slurred speech, right hand tremor, head pounding headaches, dizziness, and blurred vision.; patient has been seen at multiple emergency rooms and treated with pain medicine and muscle relaxers.	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	recent history of cerebellar stroke; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Rhonda Herrmann is a 54 year old female seen in the clinic today for memory loss. Patient stated she was told she had 2 mini strokes in april. stated that I was having headaches really bad at that time. Explained that they told me I had a blood clot in my; This study is being ordered for a neurological disorder.; April 2017; There has been treatment or conservative therapy.; memory loss, Balance problems and stabbing pain in middle of shoulder blades.; Aspirin 81mg daily, Lisinopril 40mg daily	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Temporary blindness, tremors w pain in rt foot in first two toe's numbness, feels like something is vibrating, Transient visual loss, Numbness; This study is being ordered for a neurological disorder.; JANUARY 2017; There has been treatment or conservative therapy.; Transient visual loss, Numbness, Chronic neck pain, Temporary blindness, tremors w pain in rt foot in first two toe's numbness, feels like something is vibrating.; went to chiropractor	1
Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	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.; 3/16/17; There has been treatment or conservative therapy.; Pt has lost of vision, dizziness, headache; oral medication	1

Neurology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Unknown; This study is being ordered for Vascular Disease.; ; There has been treatment or conservative therapy.; Headaches, dizziness, balance problems;; Started on ASA 81mg; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the Neck.	7
Neurology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	Her symptoms recently have been constant daily headaches and numbness all the time.; This study is being ordered for a neurological disorder.; since 11/27/2015; There has been treatment or conservative therapy.; Headaches, vision problems, paralyzed on the right side, drops things; Medications	1
Neurology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	patient diagnosed with MG based on ptosis left eye and double vision placed on Mestinon which improved her symptoms. Her previous MRI brain/Orbits last year normal and previous MG Panel/Musk antibody negative. She is still having problems with drooping of; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Neurology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	R/O cancer; This study is being ordered for a neurological disorder.; April 2017; There has been treatment or conservative therapy.; headaches; 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	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.	2
Neurology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	unknown; This study is being ordered for a neurological disorder.; 09/01/2017; There has been treatment or conservative therapy.; patient is having increase inceno pressure, headaches, visuall disturbance.; 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	70544 Mr angiography head w/o dye	< 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.	1

Neurology	Approval	70544 Mr angiography head w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 7/14/17; There has been treatment or conservative therapy.; neck and face pain, numbness and tingling, ringing in the ears, burning sensation.; Medication	1
Neurology	Approval	70544 Mr angiography head w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; Feb 7 2017; There has been treatment or conservative therapy.; vision loss, headaches,; medication	1
Neurology	Approval	70544 Mr angiography head w/o dye	< 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 been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >;	1

Neurology	Approval	70544 Mr angiography head w/o dye	; This study is being ordered for Vascular Disease.; 08/15/2016; There has been treatment or conservative therapy.; Worsening memory Loss, problems with concentration, depression, persistent headaches, ringing in ears, blurred vision, increased agitation, mood swings; Aricept 5mg for one month, then remain on 10mg daily; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	70544 Mr angiography head w/o dye	37-year-old lady with history of pseudotumor cerebri. MR brain with and without contrast and MRA brain. Stop verapamil. I asked her to taper off. Will replace oxycodone with hydrocodone 10-325 mg. She can take a half to full tablet for days HA intensi; This study is 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.; CT brain in April demonstrated a cyst in the third ventricle. She then had follow up MRI, which did not pick up on the cyst but did demonstrated a 4 mm lesion in the right posterior frontal lobe. It recommended repeat imaging in 3 months.	

Neurology	Approval	70544 Mr angiography head w/o dye	evaluation of head pain and pressure. Most of the history is obtained from the patient and also her mother who was present during this visit. Patient reports that the symptoms started about 6 months ago, she reports of pressures/stabbing type of pain whic; This study is being ordered for a neurological disorder.; 6 months; There has been treatment or conservative therapy.; head pain and pressure. reports of blurring of vision in front of both eyes with the pain but much worse in the left eye.; Trokendi XR	1
Neurology	Approval	70544 Mr angiography head w/o dye	G45.9 Transient cerebral ischemia, unspecified type	
Neurology	Approval	70544 Mr angiography head w/o dye	R/O MS; This study is being ordered for a neurological disorder.; 7 YEARS; There has been treatment or conservative therapy.; HEADACHES, RECENT MRI OF BRAIN SHOWED LESIONS, NUMBNESS AND TINGLING, OCCASIONALLY DIZZINESS; 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
Neurology	Approval	70544 Mr angiography head w/o dye	renal failure; This study is being ordered for a neurological disorder.; six months prior to first appointment on 7/06/2017; There has been treatment or conservative therapy.; vascular headaches	

Neurology	Approval	70544 Mr angiography head w/o dye	right handed lady who came to the clinic for evaluation of Headache where she has a visual aura of spots and zig zag lines lasting for a few seconds. This is followed by pressure/pounding type of pain, of 10x10 intensity, with nausea, vomiting, photophobia; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Dull headaches, aching sensation, visual aura of spots and zig zag lines, pressure/pounding , nausea, vomiting, photophobia and phonophobia, pulsating headache with tinnitus.; amitriptyline , aspirin, ibuprofen , Topamax	1
Neurology	Approval	70544 Mr angiography head w/o dye	Rule out Aneurysm , patient daughter had a Aneurysm so patient has a family history of Aneurysm, and patient is having hemifacial spasms . patient is positive for visual disturbance; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70544 Mr angiography head w/o dye	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	7
Neurology	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 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.	3
Neurology	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 been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	4

Neurology	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.	6
Neurology	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request for a Brain MRA.	2
Neurology	Approval	70544 Mr angiography head w/o dye	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."	1
Neurology	Approval	70544 Mr angiography head w/o dye	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 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.	1

Neurology	Approval	70544 Mr angiography head w/o dye	Unknown; 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 been a recent (less than 2 week) neck or carotid artery ultrasound.; The ultrasound was normal.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has dizziness.	1
Neurology	Approval	70544 Mr angiography head w/o dye	unknown; 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.	1
Neurology	Approval	70544 Mr angiography head w/o dye	Unknown; This study is being ordered for a neurological disorder.; 8/24/2017; There has been treatment or conservative therapy.; Migraine, muscle spasm, numbness, vision loss, mood disorder; Medication, PT attempts; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	70547 Mr angiography neck w/o dye	< 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.	1

Neurology	Approval	70547 Mr angiography neck w/o dye	; 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.; The patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient does not have carotid (neck) artery surgery.	1
Neurology	Approval	70547 Mr angiography neck w/o dye	; This study is being ordered for Vascular Disease.; 08/15/2016; There has been treatment or conservative therapy.; Worsening memory Loss, problems with concentration, depression, persistent headaches, ringing in ears, blurred vision, increased agitation, mood swings; Aricept 5mg for one month, then remain on 10mg daily; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	70547 Mr angiography neck w/o dye	<p>right handed lady who came to the clinic for evaluation of Headache where she has a visual aura of spots and zig zag lines lasting for a few seconds. This is followed by pressure/pounding type of pain, of 10x10 intensity, with nausea, vomiting, photophobia; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Dull headaches, aching sensation, visual aura of spots and zig zag lines, pressure/pounding , nausea, vomiting, photophobia and phonophobia, pulsating headache with tinnitus.; amitriptyline , aspirin, ibuprofen , Topamax</p> <p>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.</p>	1
Neurology	Approval	70547 Mr angiography neck w/o dye	<p>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.</p>	1
Neurology	Approval	70547 Mr angiography neck w/o dye	<p>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."</p>	1

Neurology	Approval	70547 Mr angiography neck w/o dye	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 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.	1
Neurology	Approval	70547 Mr angiography neck w/o dye	Unknown; 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 been a recent (less than 2 week) neck or carotid artery ultrasound.; The ultrasound was normal.; The patient had an onset of neurologic symptoms within the last two weeks.; The patient has dizziness.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		12
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >	

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; ; This request is for a Brain MRI; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; 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; 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 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.; 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 patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.</p>	2
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>&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.</p>	2

Neurology	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; 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
Neurology	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; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The results of the previous brain MRI are unknown.	1
Neurology	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; 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

Neurology	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 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
Neurology	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 has a chronic or recurring headache.	1
Neurology	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 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

Neurology	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.; 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
Neurology	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.; Requested for evaluation of seizures; It is not known if there has been a previous Brain MRI completed.	1
Neurology	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.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was normal.	1
Neurology	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.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The results of the previous brain MRI are unknown.	1

Neurology	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.; 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
Neurology	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.; 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
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< 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	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 03/03/2015; There has been treatment or conservative therapy.; Migraines, neck pain; Medications, Stretching	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 09/01/2014; There has been treatment or conservative therapy.; Blurred vision, Pupil left smaller than right; Medication. Doesn't know name; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 2012; There has been treatment or conservative therapy.; migraines; Migraine 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
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 7/14/17; There has been treatment or conservative therapy.; neck and face pain, numbness and tingling, ringing in the ears, burning sensation.; Medication	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 7/14/2017; There has been treatment or conservative therapy.; Patient has pain radiating to the limbs; rehabilitation therapy as well as medications.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; Feb 7 2017; There has been treatment or conservative therapy.; vision loss, headaches,; medication	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; over 20 years; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; TAXIDERA SINCE AUG 2016 < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< 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 >; 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 >;	2

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>&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;; &lt; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given &gt;;</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>&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.; 1/31/2017; There has been treatment or conservative therapy.; The pt has weakness in lower extremities, neurogenic bladder, lesions on C-Spine, blurred vision.; Medication</p>	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< 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.; 12/16; There has not been any treatment or conservative therapy.; Pain, arm sensory loss, 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	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< 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.; 7/24/16; There has been treatment or conservative therapy.; MS - fatigue, blurred vision, dyspnea, nausea, back pain, dizziness, weakness, abnormal gait; medication	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>&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.; 8/28/17; 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</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>&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.; OVER A YEAR AGO; It is not known if there has been any treatment or conservative therapy.; NECK PAIN THAT RADIATES TO ARMS WITH ARM NUMBNESS, PAIN RIATING TO LEGS AND HAS TAXIA ON GATE AND ABNORMAL EMG THAT SHOWS SURGICAL RADICULAPATHY LUMBAR SAYCRO RADICULAPHTY</p>	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 5/2017; There has not been any treatment or conservative therapy.; please per mdo refer to ICD 10 codes; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	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.; It is unknown if there 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
Neurology	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.	4

Neurology	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.; 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); Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient has Bell's Palsy.	1
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Neurology	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.	1
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Neurology	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
Neurology	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
Neurology	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 seizures; It is not known if there has been a previous Brain MRI completed.	1

Neurology	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 stroke or aneurysm; It is not known if there are 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).	1
Neurology	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 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).	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Approximately 2014 or before; There has not been any treatment or conservative therapy.; involuntary shaking, headaches, memory loss, back pain, weakness	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Is still fighting for disability. Never went to PT after last visit, is requesting a new PT referral to someplace in Cabot. Feels very anxious today. Taking Aubagio daily, did miss a few days recently due to a pharmacy issue. 	

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; September 2016; There has not been any treatment or conservative therapy.; Headache Pain, Stabbing Pain, Pins and Needles/Paresthesia feeling in all 4 extremities, Unable to move for periods of time (this happens periodically)	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; UNKNOWN; There has not been any treatment or conservative therapy.; ABNORMAL GAIT, TOE WALKING, LOWER LIMB WEAKNESS, INCREASED TONE WITH SPASTICITY THE BILATERAL LOWER 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	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for Vascular Disease.; 08/15/2016; There has been treatment or conservative therapy.; Worsening memory Loss, problems with concentration, depression, persistent headaches, ringing in ears, blurred vision, increased agitation, mood swings; Aricept 5mg for one month, then remain on 10mg daily; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	2. Headache 	

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	24 year old right handed lady here for evaluation of headaches. Most of the history is obtained form her as well as her husband present during the interview. Patient reports of having frequent bleeding from almost 2-2-1/2 years. She reports of occasional ; 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	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	25 year old right handed lady here for evaluation of headaches. Most of the history is obtained form the patient as well as her husband present during the interview. Patient reports that she has been having headaches since high school. No reports of any w; 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	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	31 year old right handed lady here for valuation of headaches with and paresthesias. Patient reports that she has been having headaches in several years. She denies any warning but she reports of a pulsating/throbbing type of pain that starts in bifrontal; 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	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	37 year old right handed lady here for evaluation of headaches. Most of the history is obtained from the patient and also from chart review. Patient reports bifrontal region followed by pounding in the right temporal region, pain escalates to 8/10 in int; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	37-year-old lady with history of pseudotumor cerebri. MR brain with and without contrast and MRA brain. Stop verapamil. I asked her to taper off. Will replace oxycodone with hydrocodone 10-325 mg. She can take a half to full tablet for days HA intensi; This study is 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.; CT brain in April demonstrated a cyst in the third ventricle. She then had follow up MRI, which did not pick up on the cyst but did demonstrated a 4 mm lesion in the right posterior frontal lobe. It recommended repeat imaging in 3 months. 38 year old right handed lady for evaluation of parenthesis. Most of the history is obtained from the patient as well as chart review. Patient reports of the symptoms for many years. Patient stated she has multiple sensations that occur. Including Numbne; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	39-year-old lady with some muscle twitching and psoriasis. I will refer her to rheumatology for her psoriasis. MRI brain to exclude abnormality. Check B12 and vitamin D. She is known to be low in the past. She has some elevation of LFTs in the past a; 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
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	42-year-old lady with when afraid might be multiple sclerosis. She has an afferent pupillary defect and may have had an optic neuritis 7 years ago. She has got a belt-like sensation around her mid T spine. I want to start with an MRI of her brain, cerv; This study is being ordered for a neurological disorder.; 09/02/2017; There has not been any treatment or conservative therapy.; Numbness from knee to ankle, not including feet. Numbness in torso. Squeezing sensation in torso. Numbness in hands. Decreased fine motor skills. Burning pain in hands. Weakness in hands.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	51-year-old gentleman with what sounds like recurrent infarcts. His hemianopia would point towards a left hemispheric infarct but his hemiplegia points towards her right hemispheric infarct. I will get a repeat MRI. He is scheduled for carotid duplex. ; 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.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	52-year-old lady with 3 problems. She previously had some migraines however those resolved after being treated for Lyme disease. She has previous cervical radiculopathy with renewed symptoms though this may be a carpal tunnel syndrome. We will do a ner; This study is being ordered for a neurological disorder.; Spells started 4 years ago with the last one being 9 months ago.; It is not known if there has been any treatment or conservative therapy.; Neck pain, hand numbness, ataxia, inability to walk.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	56 year old right-handed male here for evaluation of diplopia and left eye droopiness. Most of the history is obtained from the patient and also from outside records. Patient reports that from past 3 months he has been experiencing left eye droopiness as ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	62-year-old gentle woman with cognitive deficit. MOCA score of 20/30. CMP, CBC, TSH and B12 normal. I will check an MRI of his brain to look for any areas of stroke or damage or atrophy.; 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.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	63-year-old lady with imbalance. Possibly multifactorial. She very good reflexes but does have poor proprioception in her feet. Potentially some cervical stenosis similar to her previous presentation. She might try coming off the cyclobenzaprine since; 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

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	a 26 Year old female who come in for follow up. Initially saw her in April for headaches and vision changes. she had an abnormal brain MRI suspicious for MS vs CVA. We sent her for an LP but her MS panel came back negative. We then sent her for a hyperc; 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.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Abnormal EEG.	
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	abnormal MRI follow up; 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

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	basal motor instability; 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 fatigue or malaise.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Chronic neck pain numbness and tingling in arms and legs etc.. MRI Scan showed white matter lesions vacillated in terms of number left temporal occipital head regions etiology in question whether to recent lumbar puncture done for MS analysis were no olig; 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.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Chronic 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.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Constant mild left sided headache, lasts all day. More severe headaches 4 times per week, last all day, left side and front, throbbing, nausea, no photo or phonophobia, not worse with physical activity. No benefit excedrin migraine, brief benefit tramado; 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
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	ct brain last year showed a cyst; 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	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	DAD DIED FROM BRAIN ANEURYSM. Woman with headaches for over 10 years, starting 2005. Maybe some milder HAs before that.  Dizziness is ordering doctors main concern.; 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
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	dizzy; 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

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	dr has found she has the symptoms suggestive of ms. would like to r/o; This study is being ordered for a neurological disorder.; 1999; There has not been any treatment or conservative therapy.; tingling and numbness upper extremities. trouble gripping with hands and dizziness.	1
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Enter answer heremigraines, lumbar radiculopathy, thoracic radiculopathy, numbness and tingling upper and lower extremities - or Type In Unknown If No Info Given.; This study is being ordered for a neurological disorder.; Enter date of initial onset here05/10/2017 - or Type In Unknown If No Info Given; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms heremigraines, lumbar radiculopathy and thoracic radiculopathy, numbness and tingling - 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	1
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Episode of speech disturbance, confusion, and eyes rolled back new onset forgetfulness and confusion, balance problems and falls fatigue, headaches and neck pain, numbness in face and hands, right hand action tremors. Will order an MRI of the brain w/wo d; This study is being ordered for a neurological disorder.; March 2017; There has been treatment or conservative therapy.; foggy headed , confusion, neck pain, headaches, facial numbness and burning lips, numbness in his hands and pressure in his chest at times. Blurred vision; Atorvastatin 20mg daily, metoprolol 25mg daily, Lexapro 20mg daily, Nortriptylne 25mg nightly and aspirin 81mg daily	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	EVALUATION FOR ABNORMAL GAIT; This study is being ordered for a neurological disorder.; 09/25/2015; There has not been any treatment or conservative therapy.; ABNORMAL GAIT, RIGHT LEG TURNING OUT	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	evaluation of head pain and pressure. Most of the history is obtained from the patient and also her mother who was present during this visit. Patient reports that the symptoms started about 6 months ago, she reports of pressures/stabbing type of pain whic; This study is being ordered for a neurological disorder.; 6 months; There has been treatment or conservative therapy.; head pain and pressure. reports of blurring of vision in front of both eyes with the pain but much worse in the left eye.; Trokendi XR	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	f/u ms for more lesions; This study is being ordered for a neurological disorder.; 11/01/2015; There has been treatment or conservative therapy.; muscle weakness; numbness tingling in the hands; back pain; change in sensation; abn gait; changes in memory; aubagio	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	facial twitching; 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.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>FOLLOW UP MRI FOR MS; This study is being ordered for a neurological disorder.; 07/21/2014; There has been treatment or conservative therapy.;</p> <p>NUMBNESS,TINGLING RT THIGH,RT HIP,RT LOWER THORACOABDOMINAL REGION,MRI C SPINE SHOWED A LESION IN THE RIGHT LATERAL VENTRAL CORD- COULD BE DEMYELINATING PLAQUE VERSUS FOCAL AREA OF CORD ISCHEMIA VS OTHER.;</p> <p>CT PHYSICAL THERAPY AND HOME TRACTION THERAPY/CONSERVATIVE THERAPY,</p> <p>MEDS:COPAXONE,VIT D3,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>follow up of prior abn mri; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.;</p> <p>Requested for evaluation of Multiple Sclerosis; The patient has not undergone treatment for multiple sclerosis.;</p> <p>There are not intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>For the past 2 or 3 months she has a posterior left-sided head pain. No injury. Comes on suddenly and feels like a nail is in her head. Maxalt does not help. Her head feels like it is Jell-O and she is tender to the back of her head.;</p> <p>This request is for a Brain MRI; The study is being requested for evaluation of a headache.;</p> <p>The patient has a chronic or recurring headache.</p>	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	having seizures; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; It is not known if there has been a previous Brain MRI completed.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Head CT showed extreme hydrocephalus. Appears to effect the third and fourth ventricle as well as bilateral lateral ventricles.; 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.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	headaches 	
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Her symptoms recently have been constant daily headaches and numbness all the time.; This study is being ordered for a neurological disorder.; since 11/27/2015; There has been treatment or conservative therapy.; Headaches, vision problems, paralyzed on the right side, drops things; Medications	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	History / Dx:	

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	History / Dx: history of hypertension diabetes previous stroke neuropathy diagnosed with MS over 1 year ago place on Copaxone. patient had findings on brain scan lesions in the spinal cord and positive findings on CSF placed on Prozac. For daytime drowsiness and for hi; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	HX OF ABSENCE EPILEPSY WHO RETURNS TO NEUROLOGY CLINIC FOR FOLLOW UP SHE HAS HAD 2 EPISODES WHERE SHE WAS STARRING AND PARTIALLY RESPONSIVE FOR 1-2 MINUTES, DURING THE SECOND EPISODE SHE SLUMPED DOWN AND HAD EYE LID TWITCHING FOR A MINUTE FOLLOWED BY DROW; 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
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	hx of meningitis; This study is being ordered for a neurological disorder.; 8/2016; There has been treatment or conservative therapy.; blurred vision, neck pain, increased headaches; Diamox , nortipyline gabapentin topamax; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Impression: 1. Bilateral supratentorial periventricular ovoid T2 FLAIR hyperintensities, one of the largest measures 8 mm adjacent to the atrium of left lateral ventricle. Several of these white matter lesions are oriented perpendicular to the lateral ven; 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.</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>legs feel as if she has a thousand pounds of weight she is carrying; This study is 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.; RIGHT FOOT DROP, left hand felt numb for several weeks , trouble with voiding , had a catheter for 3 days , sleepy; steroids 6/27/2017, Dexamethasone ,Omeprazole</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Memory Loss and 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.</p>	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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/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.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	MEMORY LOSS; 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
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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.	3
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	mirgraines.; 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	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	MRI brain c/s contrast to check for demyelinating disease; 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.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Ms. Claudia Kinnaird is now a 63 year-old right-handed White female who has been referred to me for evaluation and management of dizziness for 4 months. Patient did describe a sense of room spinning around. She denied any sense of spinning in the head, th; 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
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Ms. Jazmine Beasley is now 24 year old right handed female who has been referred to me for evaluation and management of headaches that have bothered her since childhood. It would usually start over the forehead region with radiation to the back of her hea; 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	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Ms. Phyllis McCoy-Farmer is now a 47 year-old right handed African American female who has been to me for evaluation and management of severe pain in her Rt hip/leg with burning sensation, tingling, numbness that has started 17 years ago. She also c/o Lt ; 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	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	MS.; This study is being ordered for a neurological disorder.; 06/25/2017; There has been treatment or conservative therapy.; Neurological dysfunction. Headache; PT. Meds.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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.; 9/2016; There has been treatment or conservative therapy.; Multiple Sclerosis, optic neuritis, trouble with vision, demyelination.; 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

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>nausea and vomiting as well as vertigo. She had to crawl on the floor to be able to change close to go to the emergency room. Seems to be worse when she lays down. Since June she is noted to have some hearing loss on the right side. That has not improv; 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.</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Neurological examination as noted above and significant for decreased sensation on the right face, arm, and leg with significantly reduced sensation on the right lateral leg. Unclear etiology of hemi-body sensory loss and we'll obtain MRI of the brain wit; 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.</p>	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	numbness around the mouth; 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).	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	patient diagnosed with MG based on ptosis left eye and double vision placed on Mestinon which improved her symptoms. Her previous MRI brain/Orbits last year normal and previous MG Panel/Musk antibody negative. She is still having problems with drooping of; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has convulsions; 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.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Patient has had multiple radiation treatments for Left Tonsil Cancer. And now has developed Left Trigeminal Neuralgia. With left jaw and ear pain, it is tender to touch, hurts to chew and sometimes swallow. Was seen by a dentist and no problems with his t; 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.</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Patient has MS.; This study is being ordered for a neurological disorder.; 10 years ago; There has not been any treatment or conservative therapy.; Unknown</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>patient has ms; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/2015; There has been treatment or conservative therapy.; head pain, ms;; medication</p>	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	PATIENT HAS RIGHT SIDED DYSFUNCTION OF BODY, EXCESSIVE INVOLUNTARY MOVEMENTS OF BODY, CONSTANT FATIGUE, MEMORY PROBLEMS; 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.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Patient has severe headaches that is having worsening symptoms and black out spells. Spells include starring off with no response when spoken too, feels like she is floating but does know that other people are around. She has at least one spell per day. ; 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.</p> <p>patient is a 34 year old right handed male here for evaluation of headaches. Most of the history is obtained form the patient as well as from chart review. Patient reports that he was involved in a motor vehicle accident after which he started having head; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1

Neurology

Approval

70551 MRI HEAD,
BRAIN, BRAINSTEM
WITHOUT CONTRAST

Patient is a 41-year-old man with history of chronic airway obstruction, fibromyalgia, obstructive sleep apnea syndrome, neck pain, low back pain, Myoclonic jerks, who is here for difficulty staying awake and numbness and tingling to right arm and leg. He; 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	<p>Patient is a 42-year-old woman with history of hypertension, diabetes, TMJ, who is referred here for evaluation of trigeminal neuralgia on the right. According to the patient, she has history of trigeminal neuralgia on the right for about 10 years, invol; 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.</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>patient is having daily headaches that feel like a pressure on her head. patient gets nausea, photophobia and phonophobia with 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.</p>	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Patient is having mixed tension/migraine headaches with occipital neuralgia.; 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).</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Patient return to clinic today. She is followed in clinic for seizure disorder, migraine, headaches Thankfully she is doing well in both of these cases. She averages about 1 headache a month and has not had any seizures in quite some time. She has 2 compl; This study is being ordered for a neurological disorder.; unknown; There has not been any treatment or conservative therapy.; seizures, migraine headaches, right arm pain that radiates into her hands specifically the thumb may be the first finger. right weakness and leg weakness</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>patient stated she has had headaches on and off for years but In the last few months they have gotten worse. Stated she has pounding headaches daily. Described having pain down her neck, shoulders, and back. Complained of tingling in her feet along with m; 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.</p>	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient with progressive memory loss concerning for Alzheimers; 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.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Plan:	
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pt has a multiple sclerosis; This study is 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.; Increased problems with feet and neck; Medication and injections	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pt is shaking falling seizures; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; It is not known if there has been a previous Brain MRI completed.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	pt presents w head temors that have continued to worsen. she reports with recent problems with memory and forgetfulness.; 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	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt suffers with headache, blurred vision and neck pain. R/O myelopathy.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Pt suffers with Multiple Sclerosis and need to compare new MRI with MRI 06-13-2017.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	relapsing episodes	
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	renal failure; This study is being ordered for a neurological disorder.; six months prior to first appointment on 7/06/2017; There has been treatment or conservative therapy.; vascular headaches	

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>right facial numbness from cheek to chin since 9/12/2017, neurological exam bilateral to light touch pinprick proprioception vibration and temp.; 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.</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>right handed lady who came to the clinic for evaluation of Headache where she has a visual aura of spots and zig zag lines lasting for a few seconds. This is followed by pressure/pounding type of pain, of 10x10 intensity, with nausea, vomiting, photophobi; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; Dull headaches, aching sensation, visual aura of spots and zig zag lines, pressure/pounding , nausea, vomiting, photophobia and phonophobia, pulsating headache with tinnitus.; amitriptyline , aspirin, ibuprofen , Topamax</p>	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Rule out Aneurysm , patient daughter had a Aneurysm so patient has a family history of Aneurysm, and patient is having hemifacial spasms . patient is positive for visual disturbance; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	rule out lesions; 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.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	seizures.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; It is not known if there has been a previous Brain MRI completed.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	seizures; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of seizures; It is not known if there has been a previous Brain MRI completed.	2

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	SEVERE CLUSTER HEADACHE SYNDROME, ATYPICAL HEADACHE, TRIGEMINAL AUTONOMIC CEPHALGIA,HTN,SIDE EFFECTS FROM SUMATRIPTAN,RULE OUT NEUROLOGICAL CONDITIONS,JOINT PAIN,RULE OUT MASS; 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
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	She reports that she has had several year history of some decreasing cognition.she reports that she will slur her words. She has sudden bouts of instability and will fall. She drops objects. Overall has poor balance. She feels like occasionally her ga; 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.	1
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Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>The patient was sent to our office for evaluation of headaches that began after hitting her head on the right eyebrow, right eye and right forehead on a brick wall about two months ago, Memorial Day weekend. She states her hands were full she tripped and ; 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.</p> <p>They have been daily or every other day for several months. Frontal temporal or occipital areas. Often comes with a mild nausea. Mild photophobia and photophobia. She describes the pain as clenching, squeezing, gnawing type pain.; 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.</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>This 40 year old male presents with neck pain that radiates to his arms bilaterally.&#x0D;</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>This is a chronic problem. The current episode started more than 1 year ago (Going on for 2 years) The problem occurs constantly. The problem has been gradually worsening. Associated symptoms include chest pain, chills, nausea, numbness and sore throat. E; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a chronic problem. The current episode started more than 1 year ago. Episode frequency weekly. The problem has been unchanged. The pain is located in the frontal and occipital region. The pain radiates to the upper back, right neck and left neck. ; 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	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a chronic problem. the current episode started more than 1 year ago. The problem occurs constantly . The problem has been gradually worsening the symptoms are aggravated by walking. stated that she has had problems with her left foot since 2008 an; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a chronic problem. The current episode started more than 1 year ago. The problem occurs constantly. The problem has been gradually worsening. The symptoms are aggravated by walking. Stated that she has had problems with her left foot since 2008 an; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a chronic problem. 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 occipital region. The pain does not radiate. The quality of the pain is described a; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a chronic problem. The current episode stated more than 1 year ago. The problem occurs intermittently. The problem has been gradually worsening. Associated symptoms include neck pain, numbness and weakness. The symptoms are aggravated by walking (; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a new problem. The current episode started more than 1 year ago. Episode frequency: Patient states that she gets a migraine at least once a month that lasts a week. The problem has been gradually worsening. The pain is located in the temporal and ; 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	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This patient is a 47-year-old African American female that I recently began to evaluate in regards to paresthesias and pain of her left distal leg and foot. Her symptoms began on May 31, 2016 when she awoke from a total left knee replacement. When she a; 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.	1
Neurology	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.; 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.	1

Neurology	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.; Requested for evaluation of seizures; There has not been a previous Brain MRI completed.	1
Neurology	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.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	1
Neurology	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 recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	30
Neurology	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.	132
Neurology	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 recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	23

Neurology	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 had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	13
Neurology	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 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.	4
Neurology	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.; 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.	5
Neurology	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.; 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.	5

Neurology	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.; 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.	1
Neurology	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; It is not known if the patient has 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
Neurology	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 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.	32

Neurology	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 associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	15
Neurology	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 associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing fatigue or malaise.	3
Neurology	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 associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing vertigo	5

Neurology	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 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.	2
Neurology	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 completed.; The lab results were abnormal; The patient is experiencing dizziness.	1
Neurology	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 patient did not have a normal audiogram.; The patient is experiencing hearing loss.	1

Neurology	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.	6
Neurology	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 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.	2
Neurology	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 intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	14
Neurology	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 undergone treatment for multiple sclerosis.	62
Neurology	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 seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	10

Neurology	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 seizures; There has not been a previous Brain MRI completed.	77
Neurology	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 stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	29
Neurology	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.	25
Neurology	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 recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	7
Neurology	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; 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.	3

Neurology	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 Multiple Sclerosis.; The patient has new symptoms.	10
Neurology	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).	2
Neurology	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 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 TIA (transient ischemic attack).	1
Neurology	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 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.	1
Neurology	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 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 stroke or TIA (transient ischemic attack).	1

Neurology	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.	5
Neurology	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 Multiple Sclerosis.; The patient is taking Tysabri (Natalizumab).	2
Neurology	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 Multiple Sclerosis.; This study is being ordered as a 12 month annual follow up.; This is a routine follow up.	1
Neurology	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 Parkinson's disease.; This study is being ordered for a new patient to this office.	1
Neurology	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. 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.	26
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>This request is for a Brain 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 headache is described as chronic or recurring.; 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.; 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.; There are recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.</p>	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Tiny Quince is a 44 year old female seen in clinic for left leg pain and numbness. patient stated her symptoms started 4 months ago. Stated that it happens over her whole leg. Complained of weakness as well. Explained that it feels like my leg is very hea; This study is being ordered for a neurological disorder.; 4 months ago; It is not known if there has been any treatment or conservative therapy.; left leg pain and numbness, weakness. numbness in left arm</p>	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	to evaluate for ataxic gait and vertigo, Over the past month the symptoms have worsen. no headaches. We are ruling Out CNS process.; 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 is experiencing dizziness.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Tremors, Hypo Venalation, fatigue, Dizzy,; 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
Neurology	Approval	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
Neurology	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.; The patient has a chronic or recurring headache.	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; 09/01/2017; There has been treatment or conservative therapy.; patient is having increase in intracranial pressure, headaches, visual disturbance.; medication; 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
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This study is being ordered for a neurological disorder.; 2010; There has been treatment or conservative therapy.; Started having tongue numbness, numbness spread to hands and legs, persistent cramps in legs.; Medications given, hydrocodone, vitamin d, and other prescribed medications.	1
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This study is being ordered for a neurological disorder.; 8/24/2017; There has been treatment or conservative therapy.; Migraine, muscle spasm, numbness, vision loss, mood disorder; Medication, PT attempts; 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
Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Unknown; This study is being ordered for a neurological disorder.; SEVERAL WEEKS; There has been treatment or conservative therapy.; DIZZINESS, SEVERE, WORSENING HEADACHE PAIN WITH SEVERE PAIN RADIATION IN NECK TO SHOULDERS; MEDICATION THERAPY	1

Neurology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	uploaded documents; This study is being ordered for a neurological disorder.; 2015; There has been treatment or conservative therapy.; headaches, throbbing pain, hot flashes, diaphoresis, pruritis, jerking movements, volitional movements, confusion, dystonic posturing of hands and feet.; Patient was put on Topamax; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	we are wanting to r/o ms.; This study is being ordered for a neurological disorder.; 2015; It is not known if there has been any treatment or conservative therapy.; dizziness radiating pain in lower back and tingling numbness ble; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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.	1
Neurology	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	1

Neurology	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	3
Neurology	Approval	71250 CT CHEST, THORAX	< 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.; 1/31/2017; There has been treatment or conservative therapy.; The pt has weakness in lower extremities, neurogenic bladder, lesions on C-Spine, blurred vision.; Medication	1
Neurology	Approval	71250 CT CHEST, THORAX	56 year old right-handed male here for evaluation of diplopia and left eye droopiness. Most of the history is obtained from the patient and also from outside records. Patient reports that from past 3 months he has been experiencing left eye droopiness as ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	71250 CT CHEST, THORAX	sarcoidosis and right 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 non of the above.; Yes this is a request for a Diagnostic CT	1

Neurology	Approval	71250 CT CHEST, THORAX	Unknown; This study is being ordered for a neurological disorder.; 9/2016; There has been treatment or conservative therapy.; Ataxia, not ambulatory, HX of Grave disease, weight loss, help with grooming, dressing, neuropathy, cognitive impairment, multiple falls; 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	71550 MRI CHEST	Back for f/u. HST results reviewed with patient and explained it shows AHI 12.4(supine 16.4 and 3 on side), 20 hypopneas, and lowest sat 87% positional sleep apnea. Discussed that he should sleep on side and lose weight. He states he did go to see UAMS; 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.	1
Neurology	Approval	71550 MRI CHEST	Nerve studies did show sensory neuropathy done in Batesville four months ago. It is possible that this is simply ulnar nerve entrapment and carpal tunnel syndrome with possible radial nerve sensory misreading. I would, however, recommend that she underg; 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.	1

Neurology	Approval	71550 MRI CHEST	unknown; 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.	1
Neurology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	< 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.	1
Neurology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	The patient does have neurological deficits.; 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; This is a request for a Cervical Spine CT; This study is being ordered due to chronic neck pain or suspected degenerative disease.; This study is being ordered due to pre-operative evaluation.; The patient is experiencing or presenting symptoms of abnormal gait.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.	1
Neurology	Approval	72125 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; 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.	1
Neurology	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1

Neurology	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	mid back pain; 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
Neurology	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	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	1
Neurology	Approval	72131 CT LUMBAR SPINE, LOW BACK	< 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.	1
Neurology	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	1
Neurology	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	2
Neurology	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	2

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		2
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >;	
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< 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.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< 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	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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 >; 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

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 07/14/2017; There has been treatment or conservative therapy.; general pain radiating to the limbs; medication, rehab therapy	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 09/01/2014; There has been treatment or conservative therapy.; Blurred vision, Pupil left smaller than right; Medication. Doesn't know name; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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 study is being ordered for a neurological disorder.; 7/14/2017; There has been treatment or conservative therapy.; Patient has pain radiating to the limbs; rehabilitation therapy as well as medications.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 7/3/17; There has been treatment or conservative therapy.; ; Medication	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; over 20 years; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; TAXIDERA SINCE AUG 2016	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; unknown; It is not known if there has been any treatment or conservative therapy.; unknown	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< 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.; 12/16; There has not been any treatment or conservative therapy.; Pain, arm sensory loss, 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	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< 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.; 7/24/16; There has been treatment or conservative therapy.; MS - fatigue, blurred vision, dyspnea, nausea, back pain, dizziness, weakness, abnormal gait; medication	1
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Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< 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.; 8/28/17; 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	1
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Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< 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.; OVER A YEAR AGO; It is not known if there has been any treatment or conservative therapy.; NECK PAIN THAT RADIATES TO ARMS WITH ARM NUMBNESS, PAIN RIATING TO LEGS AND HAS TAXIA ON GATE AND ABNORMAL EMG THAT SHOWS SURGICAL RADICULAPATHY LUMBAR SAYCRO RADICULAPTHY	1
Neurology	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 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
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; 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 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
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Approximately 2014 or before; There has not been any treatment or conservative therapy.; involuntary shaking, headaches, memory loss, back pain, weakness	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Is still fighting for disability. Never went to PT after last visit, is requesting a new PT referral to someplace in Cabot. Feels very anxious today. Taking Aubagio daily, did miss a few days recently due to a pharmacy issue. 	
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; September 2016; There has not been any treatment or conservative therapy.; Headache Pain, Stabbing Pain, Pins and Needles/Paresthesia feeling in all 4 extremities, Unable to move for periods of time (this happens periodically)	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; UNKNOWN; There has not been any treatment or conservative therapy.; ABNORMAL GAIT, TOE WALKING, LOWER LIMB WEAKNESS, INCREASED TONE WITH SPASTICITY THE BILATERAL LOWER 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	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/28/2017; There has not been any treatment or conservative therapy.; neck pain, numbness, radiculopathy, tingling, headache, loss of vision</p> <p>38 year old right handed lady for evaluation of parenthesis. Most of the history is obtained from the patient as well as chart review. Patient reports of the symptoms for many years. Patient stated she has multiple sensations that occur. Including Numbne; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>42-year-old lady with when afraid might be multiple sclerosis. She has an afferent pupillary defect and may have had an optic neuritis 7 years ago. She has got a belt-like sensation around her mid T spine. I want to start with an MRI of her brain, cerv; This study is being ordered for a neurological disorder.; 09/02/2017; There has not been any treatment or conservative therapy.; Numbness from knee to ankle, not including feet. Numbness in torso. Squeezing sensation in torso. Numbness in hands. Decreased fine motor skills. Burning pain in hands. Weakness in hands.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	abn imaging; radicuopathy; This study is being ordered for a neurological disorder.; 06/06/2017; There has been treatment or conservative therapy.; r leg heaviness; numbness w/pain interior calf; low back pain; l knee pain sometime giving out and can't stand up;; 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
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Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Clinical Notes: Suspecting the possibility of early dementia due to her deteriorating memory, I have advised her to get dementia workup including SPECT Scan, CBC, CMP, TFTs and lipid panel. She would also get an overnight sleep study done as I am strongly; 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.; Ms. Melinda Taylor is now 50-year-old right-handed Caucasian female who has been referred for evaluation and management of tremors since March 2017. Patient denied of any one leg or foot being stiff or any tendency to drag her feet but she has tendency to; 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
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Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	complains of numbness in her toes on both sides, Left-sided facial weakness has improved and resolved completely; This study is 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.; complains of numbness in her toes on both sides, Left-sided facial weakness has improved and resolved completely; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	DOUBLE STUDY + AMBETTER = AUTOMATIC REVIEW. WILL JUST FAX NOTES.; This study is being ordered for a neurological disorder.; 8 WEEKS AGO; There has been treatment or conservative therapy.; DOUBLE STUDY + AMBETTER = AUTOMATIC REVIEW. WILL JUST FAX NOTES.; DOUBLE STUDY + AMBETTER = AUTOMATIC REVIEW. WILL JUST FAX NOTES.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	dr has found she has the symptoms suggestive of ms. would like to r/o; This study is being ordered for a neurological disorder.; 1999; There has not been any treatment or conservative therapy.; tingling and numbness upper extremities. trouble gripping with hands and dizziness.	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Episode of speech disturbance, confusion, and eyes rolled back new onset forgetfulness and confusion, balance problems and falls fatigue, headaches and neck pain, numbness in face and hands, right hand action tremors. Will order an MRI of the brain w/wo d; This study is being ordered for a neurological disorder.; March 2017; There has been treatment or conservative therapy.; foggy headed , confusion, neck pain, headaches, facial numbness and burning lips, numbness in his hands and pressure in his chest at times. Blurred vision; Atorvastatin 20mg daily, metoprolol 25mg daily, Lexapro 20mg daily, Nortriptylne 25mg nightly and aspirin 81mg daily	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	f/u ms for more lesions; This study is being ordered for a neurological disorder.; 11/01/2015; There has been treatment or conservative therapy.; muscle weakness; numbness tingling in the hands; back pain; change in sensation; abn gait; changes in memory; aubagio	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>FOLLOW UP MRI FOR MS; This study is being ordered for a neurological disorder.; 07/21/2014; There has been treatment or conservative therapy.;</p> <p>NUMBNESS,TINGLING RT THIGH,RT HIP,RT LOWER THORACOABDOMINAL REGION,MRI C SPINE SHOWED A LESION IN THE RIGHT LATERAL VENTRAL CORD-COULD BE DEMYELINATING PLAQUE VERSUS FOCAL AREA OF CORD ISCHEMIA VS OTHER.;</p> <p>CT PHYSICAL THERAPY AND HOME TRACTION THERAPY/CONSERVATIVE THERAPY,</p> <p>MEDS:COPAXONE,VIT D3,;</p> <p>One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>gait difficulty parasthesia and numbness; This study is being ordered for a neurological disorder.; 1993; There has been treatment or conservative therapy.;</p> <p>numbness and tingling in legs, falling, back and neck pain; medication trials;</p> <p>One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.;</p> <p>The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Gait disturbance (R26.9).	

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	history of hypertension diabetes previous stroke neuropathy diagnosed with MS over 1 year ago place on Copaxone. patient had findings on brain scan lesions in the spinal cord and positive findings on CSF placed on Prozac. For daytime drowsiness and for hi; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	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; 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.; Patient has not come in for follow up appointment.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	legs feel as if she has a thousand pounds of weight she is carrying; This study is 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.; RIGHT FOOT DROP, left hand felt numb for several weeks , trouble with voiding , had a catheter for 3 days , sleepy; steroids 6/27/2017, Dexamethasone ,Omepracole	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	MS.; This study is being ordered for a neurological disorder.; 06/25/2017; There has been treatment or conservative therapy.; Neurological dysfunction. Headache; PT. Meds.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Multiple sclerosis (G35).	
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; 9/2016; There has been treatment or conservative therapy.; Multiple Sclerosis, optic neuritis, trouble with vision, demyelination.; 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
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient has had multiple spells of pounding headaches with nausea and vomiting, black outs, slurred speech, dizziness, and blurred vision.; This study is being ordered for a neurological disorder.; 12/2016; There has been treatment or conservative therapy.; Black out spells, slurred speech, right hand tremor, head pounding headaches, dizziness, and blurred vision.; patient has been seen at multiple emergency rooms and treated with pain medicine and muscle relaxers.	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient has MS.; This study is being ordered for a neurological disorder.; 10 years ago; There has not been any treatment or conservative therapy.; Unknown	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	patient has ms; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/2015; There has been treatment or conservative therapy.; head pain, ms,; medication	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	patient will be sent for an MRI of her cervical and thoracic spine with and without contrast due to complaints of problems with her balance and walking. This will serve as a baseline prior to her starting aubagio. I also discussed with the patient and her; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1992; There has been treatment or conservative therapy.; balance, numbness in her hands and feet, generalized weakness an tremors and problems with coordination in her hands; Aubagio	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	pt has a multiple sclerosis; This study is 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.; Increased problems with feet and neck; Medication and injections	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Pt has Parkinson Disease.; 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.; Weakness in the legs.; 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
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Pt suffers with Multiple Sclerosis and need to compare new MRI with MRI 06-13-2017.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	R/O MS; This study is being ordered for a neurological disorder.; 7 YEARS; There has been treatment or conservative therapy.; HEADACHES, RECENT MRI OF BRAIN SHOWED LESIONS, NUMBNESS AND TINGLING, OCCASIONALLY DIZZINESS; 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
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	relapsing episodes	

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.; It is not known if this patient had a recent course of supervised physical Therapy.	1
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.	1
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.; No, this patient did not have a recent course of supervised physical Therapy.	1

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

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Neurology

Approval

72141 MRI CERVICAL
SPINE OR NECK SPINE
WITHOUT CONTRAST

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.; Yes, the patient had six weeks of Chiropractic care related to this episode.

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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; Patient has spinal cord tumor and was diagnosed with ependymoma, WHO grade II on 10/25/2016. Plan to continue with surveillance MR imaging every 3 months x 1 year from diagnosis, then every 4 months x 1 year and then every 6 months thereafter.	1
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; restaging is needed after completing chemo on 7/13/2017	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	The symptoms are reported as being mild. The symptoms occur constantly. The location is optic neuritis. Aggravating factors include heat, job. Relieving factors include rebif. She states the symptoms are chronic and are stable. rebif was started and she a; 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".	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a chronic problem. The current episode started more than 1 year ago (Going on for 2 years) The problem occurs constantly. The problem has been gradually worsening. Associated symptoms include chest pain, chills, nausea, numbness and sore throat. E; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a chronic problem. the current episode started more than 1 year ago. The problem occurs constantly . The problem has been gradually worsening the symptoms are aggravated by walking. stated that she has had problems with her left foot since 2008 an; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a chronic problem. The current episode started more than 1 year ago. The problem occurs constantly. The problem has been gradually worsening. The symptoms are aggravated by walking. Stated that she has had problems with her left foot since 2008 an; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a chronic problem. The current episode started more than 1 year ago. The problem occurs intermittently. The problem has been gradually worsening. Patient stated she started having tremors when she was in her teens but have progressively gotten wor; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a chronic problem. The current episode stated more than 1 year ago. The problem occurs intermittently. The problem has been gradually worsening. Associated symptoms include neck pain, numbness and weakness. The symptoms are aggravated by walking (; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	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 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

Neurology	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.; No, there is not a documented evidence of extremity weakness on physical examination.; Yes, there is evidence of recent development of unilateral muscle wasting.	1
Neurology	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.	48
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; ; 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.; yes, there are documented clinical findings of Multiple sclerosis.	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>This is a request for cervical spine MRI; Known or Suspected Multiple Sclerosis, Infection or abscess; Patient with NMO with new onset numbness; 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.; yes, there are documented clinical findings of Multiple sclerosis.</p>	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>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 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.; yes, there are documented clinical findings of Multiple sclerosis.</p>	2

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; 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?; Yes, the patient is demonstrating unilateral muscle wasting.; yes, there are documented clinical findings of Multiple sclerosis.	1
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; 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.	25
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.	2
Neurology	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.	37

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; <Enter 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
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.	1
Neurology	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.	3
Neurology	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

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; <Enter Additional Clinical Information>	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; Migraine without status migrainosus, not intractable, unspecified migraine type (G43.909).	
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; <Enter Additional Clinical Information>	1

Neurology

Approval

72141 MRI CERVICAL
SPINE OR NECK SPINE
WITHOUT CONTRAST

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.; jeana smallwood is a 56 year old female seen in the clinic today for numbness in hands and arms been going on for 4-6 months. Neck pain for a couple of years. stated that she has daily tension headaches. stated she had a EMG/NCS SHOWED pinched nerve and m

1

Neurology

Approval

72141 MRI CERVICAL
SPINE OR NECK SPINE
WITHOUT CONTRAST

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.; The patient is a 59 year old male with a history of seizures here for follow up he is currently taking lamictal 100 mg b.i.d. along with Keppra 1500 mg b.i.d his seizures have greatly improved with the addition of Lamictal, but he is still having a few pe

1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; unknown	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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 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; Clinical Information	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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; Provider Plan	
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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; Provider Plan	

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>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; New problem. Started more than 1 month ago. The problem occurs constantly. The problem has been unchanged. Associated symptoms include fatigue, headahces nausea neck pain numbness, vertigo, a visual change an weakness. Nothing aggravates the symptoms. She; It is not known if there are 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.</p>	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>This is a request for cervical spine MRI; Trauma or recent injury; She has had two falls in the last one year. First fall occurred while walking her dog and she wasn't paying attention and fell. She sustained injuries to ribs and right hip. The second fall was associated with tripping over an uneven surface. Once they we; No, the patient does not have new or changing neurological signs or symptoms.</p>	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>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.</p>	3

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Tiny Quince is a 44 year old female seen in clinic for left leg pain and numbness. patient stated her symptoms started 4 months ago. Stated that it happens over her whole leg. Complained of weakness as well. Explained that it feels like my leg is very hea; This study is being ordered for a neurological disorder.; 4 months ago; It is not known if there has been any treatment or conservative therapy.; left leg pain and numbness, weakness. numbness in left arm	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; neck 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.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; falls alot; 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
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; weakness upper and lower 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.	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Unknown; This study is being ordered for a neurological disorder.; 2010; There has been treatment or conservative therapy.; Started having tongue numbness, numbness spread to hands and legs, persistent cramps in legs.; Medications given, hydrocodone, vitamin d, and other prescribed medications.	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Unknown; This study is being ordered for a neurological disorder.; SEVERAL WEEKS; There has been treatment or conservative therapy.; DIZZINESS, SEVERE, WORSENING HEADACHE PAIN WITH SEVERE PAIN RADIATION IN NECK TO SHOULDERS; MEDICATION THERAPY	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Will order an MRI of cervical spine, thoracic spine, and lumbar spine w/wo to rule out myelopathy and or metastasis; This study is being ordered for a neurological disorder.; March 2017; It is not known if there has been any treatment or conservative therapy.; Progressive bilateral lower extremity weakness, gait disturbance and balance problems, numbness in hands and feet, Weight loss, appetite loss, and hypotension,	1
Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Will order cervical spine, thoracic spine, and lumbar spine to rule out myelopathy, tumor etc.; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; weakness, stumbling, falls, leg stiffness, uneven gait. Hyperreflexic, Lower back pain, speech disturbance; muscle relaxers , and currently on synthroid	1

Neurology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	yes; 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.	1
Neurology	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."	1
Neurology	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.";	1

Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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 >; 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
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 7/3/17; There has been treatment or conservative therapy.; ; Medication	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< 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 >; 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 >;	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; Approximately 2014 or before; There has not been any treatment or conservative therapy.; involuntary shaking, headaches, memory loss, back pain, weakness	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; UNKNOWN; There has not been any treatment or conservative therapy.; ABNORMAL GAIT, TOE WALKING, LOWER LIMB WEAKNESS, INCREASED TONE WITH SPASTICITY THE BILATERAL LOWER 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	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER 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.; 06/28/2017; There has not been any treatment or conservative therapy.; neck pain, numbness, radiculopathy, tingling, headache, loss of vision	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	39 year old right handed male here for evaluation of left lateral thigh and lower abdomen numbness. Most of the history is obtained from the patient as well as chart review. Patient reports that he was recently diagnosed with the papillary carcinoma of ki; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	42-year-old lady with when afraid might be multiple sclerosis. She has an afferent pupillary defect and may have had an optic neuritis 7 years ago. She has got a belt-like sensation around her mid T spine. I want to start with an MRI of her brain, cerv; This study is being ordered for a neurological disorder.; 09/02/2017; There has not been any treatment or conservative therapy.; Numbness from knee to ankle, not including feet. Numbness in torso. Squeezing sensation in torso. Numbness in hands. Decreased fine motor skills. Burning pain in hands. Weakness in hands.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	abn imaging; radiculopathy; This study is being ordered for a neurological disorder.; 06/06/2017; There has been treatment or conservative therapy.; r leg heaviness; numbness w/pain interior calf; low back pain; l knee pain sometime giving out and can't stand up;; 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	DOUBLE STUDY + AMBETTER = AUTOMATIC REVIEW. WILL JUST FAX NOTES.; This study is being ordered for a neurological disorder.; 8 WEEKS AGO; There has been treatment or conservative therapy.; DOUBLE STUDY + AMBETTER = AUTOMATIC REVIEW. WILL JUST FAX NOTES.; DOUBLE STUDY + AMBETTER = AUTOMATIC REVIEW. WILL JUST FAX NOTES.	1
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Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Enter answer heremigraines, lumbar radiculopathy, thoracic radiculopathy, numbness and tingling upper and lower extremities - or Type In Unknown If No Info Given.; This study is being ordered for a neurological disorder.; Enter date of initial onset here05/10/2017 - or Type In Unknown If No Info Given; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms heremigraines, lumbar radiculopathy and thoracic radiculopathy, numbness and tingling - 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	1
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Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	gait difficulty parasthesia and numbness; This study is being ordered for a neurological disorder.; 1993; There has been treatment or conservative therapy.; numbness and tingling in legs, falling, back and neck pain; medication trials; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Gait disturbance (R26.9).	
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	history of hypertension diabetes previous stroke neuropathy diagnosed with MS over 1 year ago place on Copaxone. patient had findings on brain scan lesions in the spinal cord and positive findings on CSF placed on Prozac. For daytime drowsiness and for hi; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Multiple sclerosis (G35).	

Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	<p>none; This study is being ordered for Inflammatory/ Infectious Disease.; 07/22/2017; There has not been any treatment or conservative therapy.; leg 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</p> <p>patient has ms; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/2015; There has been treatment or conservative therapy.; head pain, ms;; medication</p>	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	<p>patient shooting pains down both legs</p> <p>patient will be sent for an MRI of her cervical and thoracic spine with and without contrast due to complaints of problems with her balance and walking. This will serve as a baseline prior to her starting aubagio. I also discussed with the patient and her; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1992; There has been treatment or conservative therapy.; balance, numbness in her hands and feet, generalized weakness an tremors and problems with coordination in her hands; Aubagio</p>	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		1

Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	R/O MS; This study is being ordered for a neurological disorder.; 7 YEARS; There has been treatment or conservative therapy.; HEADACHES, RECENT MRI OF BRAIN SHOWED LESIONS, NUMBNESS AND TINGLING, OCCASIONALLY DIZZINESS; 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
Neurology	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.; The patient is experiencing or presenting symptoms of abnormal gait.	3
Neurology	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.; The patient is experiencing or presenting symptoms of bowel or bladder dysfunction.	1
Neurology	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.; The patient is experiencing or presenting symptoms of radiculopathy documented on EMG or nerve conduction study.	4

Neurology	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.; unknown; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Neurology	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.; 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.	2
Neurology	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.	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a chronic problem. the current episode started more than 1 year ago. The problem occurs constantly . The problem has been gradually worsening the symptoms are aggravated by walking. stated that she has had problems with her left foot since 2008 an; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	<p>This is a chronic problem. The current episode started more than 1 year ago. The problem occurs constantly. The problem has been gradually worsening. The symptoms are aggravated by walking. Stated that she has had problems with her left foot since 2008 an; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	<p>This is a chronic problem. 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 occipital region. The pain does not radiate. The quality of the pain is described a; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	<p>This is a chronic problem. The current episode started more than 1 year ago. The problem occurs intermittently. The problem has been gradually worsening. Patient stated she started having tremors when she was in her teens but have progressively gotten wor; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	<p>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.</p>	1

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.; MS; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
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.; Numbness (numbness in arms and legs and shooting pains down neck and back radiating into left arm.)	
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 abnormal gait.	6
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	UNKNOWN; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	unknown; This is a request for a thoracic spine MRI.; None of the above; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; gait distance; 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
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Will order an MRI of cervical spine, thoracic spine, and lumbar spine w/wo to rule out myelopathy and or metastasis; This study is being ordered for a neurological disorder.; March 2017; It is not known if there has been any treatment or conservative therapy.; Progressive bilateral lower extremity weakness, gait disturbance and balance problems, numbness in hands and feet, Weight loss, appetite loss, and hypotension,	1
Neurology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Will order cervical spine, thoracic spine, and lumbar spine to rule out myelopathy, tumor etc.; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; weakness, stumbling, falls, leg stiffness, uneven gait. Hyperreflexic, Lower back pain, speech disturbance; muscle relaxers , and currently on synthroid	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		3

Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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 >; 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
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 07/14/2017; There has been treatment or conservative therapy.; general pain radiating to the limbs; medication, rehab therapy	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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.; 1/31/2017; There has been treatment or conservative therapy.; The pt has weakness in lower extremities, neurogenic bladder, lesions on C-Spine, blurred vision.; Medication	1

Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; 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.	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; 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 has what appears to be a mild intention tremor. Reflex exam shows he is areflexic. Gait is stiff, slow and unsteady. He has to hold onto walls when 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.	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; It is not known if there has been any treatment or conservative therapy.;	1

Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>; This study is being ordered for a neurological disorder.; UNKNOWN; There has not been any treatment or conservative therapy.; ABNORMAL GAIT, TOE WALKING, LOWER LIMB WEAKNESS, INCREASED TONE WITH SPASTICITY THE BILATERAL LOWER 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</p>	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>39 year old right handed male here for evaluation of left lateral thigh and lower abdomen numbness. Most of the history is obtained from the patient as well as chart review. Patient reports that he was recently diagnosed with the papillary carcinoma of ki; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>Bilateral low back pain with sciatica. Pain has increased with numbness and tingling; 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.</p>	1

Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Enter answer heremigraines, lumbar radiculopathy, thoracic radiculopathy, numbness and tingling upper and lower extremities - or Type In Unknown If No Info Given.; This study is being ordered for a neurological disorder.; Enter date of initial onset here05/10/2017 - or Type In Unknown If No Info Given; It is not known if there has been any treatment or conservative therapy.; Describe primary symptoms heremigraines, lumbar radiculopathy and thoracic radiculopathy, numbness and tingling - 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	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Fall on 07/04/2017. Leg went through a pane of glass.; This study is being ordered for trauma or injury.; 01/01/2017; There has been treatment or conservative therapy.; Pain, numbness; Medications	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	gait difficulty parasthesia and numbness; This study is being ordered for a neurological disorder.; 1993; There has been treatment or conservative therapy.; numbness and tingling in legs, falling, back and neck pain; medication trials; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Low back pain due to displacement of intervertebral disc (M51.26).	
			none; This study is being ordered for Inflammatory/ Infectious Disease.; 07/22/2017; There has not been any treatment or conservative therapy.; leg 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	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	patient shooting pains down both legs	
			R/O Myopathy; This study is 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 not been any treatment or conservative therapy.; Leg weakness. Reflexers weak. Neck and back.	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		

Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	SEVERE RIGHT LEG PAIN,DIZZY,LEFT SHOULDER PAIN,FEET BURNING,POSITIVE JOINT PAIN,X RAY L SPINE:may be helpful for further IMPRESSION: No focal bone lesion, acute fracture or scoliosisevaluation.FACE NUMB; 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.	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	she has diffuse tenderness throughout her entire lumbar spine area which she describes as a radiation into the left leg. Exam was difficult due to her pain and her headaches. There was breakaway weakness in the lower extremities. We did not get a fundusco; 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.; breakaway weakness 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.	1
Neurology	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.; The patient does have a new foot drop.	1

Neurology	Approval	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 Neurologic deficits	1
Neurology	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.; This procedure is being requested for Neurologic deficits	4
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 6 weeks of completed conservative care in the past 3 months or had a spine injection	19
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	4
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 x-ray indicating a significant abnormality	1
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 completed Treatment with a facet joint or epidural injection in the past 6 weeks	2
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 Neurological deficit(s)	38
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; There is no laboratory or x-ray 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.; There is not laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".	1

Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	This is a chronic problem. The current episode started more than 1 year ago. The problem occurs intermittently. The problem has been gradually worsening. Patient stated she started having tremors when she was in her teens but have progressively gotten wor; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
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 physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Neurology	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 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.; 7 weeks HEP w/ no change; Tramedial	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; 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.	2
Neurology	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	1

Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	we are wanting to r/o ms.; This study is being ordered for a neurological disorder.; 2015; It is not known if there has been any treatment or conservative therapy.; dizziness radiating pain in lower back and tingling numbness ble; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Will order an MRI of cervical spine, thoracic spine, and lumbar spine w/wo to rule out myelopathy and or metastasis; This study is being ordered for a neurological disorder.; March 2017; It is not known if there has been any treatment or conservative therapy.; Progressive bilateral lower extremity weakness, gait disturbance and balance problems, numbness in hands and feet, Weight loss, appetite loss, and hypotension,	1
Neurology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Will order cervical spine, thoracic spine, and lumbar spine to rule out myelopathy, tumor etc..; This study is being ordered for a neurological disorder.; unknown; There has been treatment or conservative therapy.; weakness, stumbling, falls, leg stiffness, uneven gait. Hyperreflexic, Lower back pain, speech disturbance; muscle relaxers , and currently on synthroid	1
Neurology	Approval	72196 MRI PELVIS	EVALUATION FOR ABNORMAL GAIT; This study is being ordered for a neurological disorder.; 09/25/2015; There has not been any treatment or conservative therapy.; ABNORMAL GAIT, RIGHT LEG TURNING OUT	1

Neurology	Approval	72196 MRI PELVIS	neuropathy; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Neurology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	1
Neurology	Approval	72196 MRI PELVIS	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Neurology	Approval	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.	1
Neurology	Approval	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.	1

Neurology	Approval	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."; Patient reports that she got involved in a car accident last year. Her right arm was on steering wheel and it fell suddenly off the steering wheel. Since then she has been having neck pain and right shoulder pain. In addition to pain, she is having troubl	1
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.	3
Neurology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study is being ordered for known/suspected joint infection.; The patient has not had a recent bone scan.; The patient has had a recent ultrasound of the shoulder.; The patient has had a normal ultrasound.; The plain films were normal.; There are documented physical or laboratory findings of a joint infection.; The patient has not had a recent CT of the shoulder.	1
Neurology	Approval	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 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.	1

Neurology	Approval	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 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.	1
Neurology	Approval	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 suspected tarsal coalition.	1
Neurology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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.	1

Neurology

Approval

73721 MRI JOINT OF
LOWER EXTREMITY, HIP
OR KNEE OR ANKLE OR
FOOT JOINT

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 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.

Neurology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	<p>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.</p>	1
Neurology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	<p>Abnormal MRI of lumbar showing a partial 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.; There is suspicion of renal mass.; The suspicion of a renal mass was suggested by a physical exam.; Yes this is a request for a Diagnostic CT</p>	1

Neurology	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	1
Neurology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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.; 1/31/2017; There has been treatment or conservative therapy.; The pt has weakness in lower extremities, neurogenic bladder, lesions on C-Spine, blurred vision.; Medication	1
Neurology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	2

Neurology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Unknown; This study is being ordered for a neurological disorder.; 9/2016; There has been treatment or conservative therapy.; Ataxia, not ambulatory, HX of Grave disease, weight loss, help with grooming, dressing, neuropathy, cognitive impairment, multiple falls; 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	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
Neurology	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.; Low back pain, neuropathic quality, unknown cause despite extensive	
Neurology	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.	1

Neurology	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) indicatvie of heart disease.	1
Neurology	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 Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	1
Neurology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	; 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.	1
Neurology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Migraine 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.	1
Neurology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Migraines are worsening and radiates to the eyes.; 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

Neurology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	n/a; 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
Neurology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	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.	1
Neurology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	vascular headache; 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
Neurology	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 4/11/2016; There has been treatment or conservative therapy.; headache, left eye drooping,; 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	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 8/20/17; There has not been any treatment or conservative therapy.; slurred speech; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	Cervical Spine to rule out myelopathy due to spasms, numbness, and tingling. CTA of the head and neck to rule out stenosis vs aneurysm vs dissection due to neck pain and Dr. Martino stating the patient has inflamed carotids; This study is being ordered for a neurological disorder.; Unknown; There has not been any treatment or conservative therapy.; numbness, tingling and pain . numbness and tingling in left side of her face. spasms across my forehead. left arm numbness, headaches on the right side of head and behind her right eye. Neck and ear pain. pain in all her joints including her wrist and elb	1

Neurology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	dizzy feeling for the past 6 months, Fuzzy feeling in the head". He does not feel lightheaded when he stands up. No vertiginous symptoms. No recent urinary infection or flulike symptoms. Only addition of the medication was amlodipine. But the symptoms st; This study is being ordered for a neurological disorder.; 3/2017; It is not known if there has been any treatment or conservative therapy.; dizzy feeling for the past 6 months, Fuzzy feeling in the head". He does not feel lightheaded when he stands up. No vertiginous symptoms. No recent urinary infection or flulike symptoms. Only addition of the medication was amlodipine. But the symptoms sta; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	MR. Dodd is a pleasant 56 year old male with a history of left ICA occlusion/dissection in Feb 2016; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Neurology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	Rhonda Herrmann is a 54 year old female seen in the clinic today for memory loss. Patient stated she was told she had 2 mini strokes in april. stated that I was having headaches really bad at that time. Explained that they told me I had a blood clot in my; This study is being ordered for a neurological disorder.; April 2017; There has been treatment or conservative therapy.; memory loss, Balance problems and stabbing pain in middle of shoulder blades.; Aspirin 81mg daily, Lisinopril 40mg daily	1
Neurology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the brain.	4
Neurology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; 8/20/17; There has not been any treatment or conservative therapy.; slurred speech; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	Cervical Spine to rule out myelopathy due to spasms, numbness, and tingling. CTA of the head and neck to rule out stenosis vs aneurysm vs dissection due to neck pain and Dr. Martino stating the patient has inflamed carotids; This study is being ordered for a neurological disorder.; Unknown; There has not been any treatment or conservative therapy.; numbness, tingling and pain . numbness and tingling in left side of her face. spasms across my forehead. left arm numbness, headaches on the right side of head and behind her right eye. Neck and ear pain. pain in all her joints including her wrist and elb	1
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Neurology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	dizzy feeling for the past 6 months, Fuzzy feeling in the head". He does not feel lightheaded when he stands up. No vertiginous symptoms. No recent urinary infection or flulike symptoms. Only addition of the medication was amlodipine. But the symptoms st; This study is being ordered for a neurological disorder.; 3/2017; It is not known if there has been any treatment or conservative therapy.; dizzy feeling for the past 6 months, Fuzzy feeling in the head". He does not feel lightheaded when he stands up. No vertiginous symptoms. No recent urinary infection or flulike symptoms. Only addition of the medication was amlodipine. But the symptoms sta; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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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Neurology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	MR. Dodd is a pleasant 56 year old male with a history of left ICA occlusion/dissection in Feb 2016; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	2
Neurology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	R/O cancer; This study is being ordered for a neurological disorder.; April 2017; There has been treatment or conservative therapy.; headaches; 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	2
Neurology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	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.	1

Neurology	Disapproval	70540 MRI ORBIF/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	Unknown; 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.	1
Neurology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	37 year old right handed lady here for evaluation of headaches. Most of the history is obtained from the patient and also from chart review. Patient reports bifrontal region followed by pounding in the right temporal region, pain escalates to 8/10 in int; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	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 told that he was having short-term memory problems especially to rece; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Neurology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	62 year old right handed lady here for evaluation of twitching of the left eye and the left cheek. Most of the history is obtained from the patient and also her daughter who was present during my interview. Patient reports that she has been experiencing t; This study is being ordered for a neurological disorder.; past few months; It is not known if there has been any treatment or conservative therapy.; twitching of around the left eye, twitching the corner of the mouth, twitching of the right eye.	1
Neurology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	ACUTE RENAL FAILURE	
Neurology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	Facial numbness, Severe fatigue. Some memory loss. Some night sweats. Trouble sleeping. headaches. She does have ptosis in her right eye, On examination no clear deficits in V1, V2 or V3 but she reports decreased light touch over the upper lip bilaterall; 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.	1
Neurology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1

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 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.	4
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.	6
Neurology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Neurology	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.; The patient has a chronic or recurring headache.	1
Neurology	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.; 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.	1

Neurology	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 study is 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; There has been treatment or conservative therapy.; Headache, dizziness, Weakness; 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	1
Neurology	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 study is being ordered for trauma or injury.; 03/12/2017; There has been treatment or conservative therapy.; Concussion; Medication	1
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 a chronic or recurring headache.	1
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 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	; 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.	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	41 year old right handed lady here for evaluation of headaches. Neurological examination is documented. Most likely she has chronic daily headache of migraines type. Considering the insomnia I recommend amitriptyline prophylaxis with a gradual escalation ; 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	47-year-old lady presents with a few months history of dizziness. Possibly 3 or 4 months though it may have gone on longer. She will have sudden bouts of it without any warning. Her first symptom is some lot swimmy headedness. She then gets blurred vi; 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
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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 told that he was having short-term memory problems especially to rece; 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	62 year old right handed lady here for evaluation of twitching of the left eye and the left cheek. Most of the history is obtained from the patient and also her daughter who was present during my interview. Patient reports that she has been experiencing t; This study is being ordered for a neurological disorder.; past few months; It is not known if there has been any treatment or conservative therapy.; twitching of around the left eye, twitching the corner of the mouth, twitching of the right eye.	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	62-year-old gentle woman with some mild cognitive deficit. I will check an MRI of his brain to look for any areas of stroke or damage or atrophy. Otherwise like to watch this and then see him back in about 3 months for recheck.; 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
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	62-year-old gentleman presents with some concern for memory loss. He has had his symptoms for about 6 months though it may have been worse over the past year. He reports problems with simple things. He was working a part-time job at Burger King. He wo; 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.	1

Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	ACUTE RENAL FAILURE	
				Della Smith is a 40 y/o female with history of hypertension, depression, and migraines that was referred to our clinic for uncontrolled migraines. She states she was diagnosed with migraines at age 16. She states she has a daily headache and a migraine 2 ; 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		1
				dizzy feeling for the past 6 months, Fuzzy feeling in the head". He does not feel lightheaded when he stands up. No vertiginous symptoms. No recent urinary infection or flulike symptoms. Only addition of the medication was amlodipine. But the symptoms st; This study is being ordered for a neurological disorder.; 3/2017; It is not known if there has been any treatment or conservative therapy.; dizzy feeling for the past 6 months, Fuzzy feeling in the head". He does not feel lightheaded when he stands up. No vertiginous symptoms. No recent urinary infection or flulike symptoms. Only addition of the medication was amlodipine. But the symptoms sta; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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		1

Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	During this time cognitive problems have been noted. Mrs. Garcia herself recognizes that she "may have a little memory problem". She does not know if this is normal or not and it only bothers her to the extent that it "makes me mad". She is not sure as; 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
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	evaluation of confusion as well as memory problems. Most of the history is obtained from the patient as well as her sister was present during the visit. Patient sister reports that patient has been having some memory problems and confusion from past for 2; 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
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Memory Loss (forgets childrens birthdays, where he parks. Always fatigued. Says will fall asleep at work)Dizziness; 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.	1

Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	memory loss which has been worsening for the past 6 months, having memory problems close to one year now. In the past 6 months it has gotten worse. She has difficulty remembering things. She can be in mid sentence and she forgets what she is supposed to s; 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
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	memory loss.; 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
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	migraines; 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.	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient stated she has had headaches since she was 17 years old. Stated that she has daily headaches that feel like a pressure on her head. Explained that she gets migraines every now and then. stated that she gets nausea, photophobia, and phonophobia wit; 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	possible pseudotumor. patient having frequent headaches, hand and leg numbness and tingling.; 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	Randa Latham is a 48 y/o female with a history of depression, high cholesterol and migraines that is for follow up. Since last visit she has been taking Zonegran 100 mg in am and 150 in pm. She states her headaches are some better but still having ~ 2; 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.	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Severe h/a multiple times per week w/nausea, plus aura's.; 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	subsequently developed worsening headaches again, pain that feels like a building pressure. nothing makes it better, bending over and coughing make it worse.; 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	the current episode started more than 1 month ago the problem occurs daily. The problem has been gradually worsening. the pain is located in the right unilateral region. The pain does not radiate. The quality of the pain is described as aching and sharp. ; 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	This 37 year old female presents with hand and foot pain and migraines.	
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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 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.	1
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 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.	1

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 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.	3
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.; 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.	1
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.; Requested for evaluation of Multiple Sclerosis; The patient has undergone treatment for multiple sclerosis.	2
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.; Requested for evaluation of seizures; There has been a previous Brain MRI completed.; The brain MRI was abnormal.	1
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.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	2

Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	To evaluate for a 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.	1
Neurology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	worsening h/a, 2 lesions on brain.; 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.; It is unknown if this study is being ordered as a 12 month annual follow up.; This is a routine follow up.	1
Neurology	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; It is not known if there are documented findings of immune system suppression.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; None of the options listed is the reason for the study.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is not experiencing cervical neck pain not improving despite treatment.	1
Neurology	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	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.; 03/03/2015; There has been treatment or conservative therapy.; Migraines, neck pain; Medications, Stretching	1

Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; 2 months ago; There has been treatment or conservative therapy.; Headache, dizziness, Weakness; 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	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 03/12/2017; There has been treatment or conservative therapy.; Concussion; Medication	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; 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.	1

Neurology	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.; has had back pain for 15 yrs, she started having pain after she had multiple lumbar punctures when she was 19 years old for viral meningitis. Getting worse.
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	52-year-old lady with 3 problems. She previously had some migraines however those resolved after being treated for Lyme disease. She has previous cervical radiculopathy with renewed symptoms though this may be a carpal tunnel syndrome. We will do a ner; This study is being ordered for a neurological disorder.; Spells started 4 years ago with the last one being 9 months ago.; It is not known if there has been any treatment or conservative therapy.; Neck pain, hand numbness, ataxia, inability to walk.
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Cervical Spine to rule out myelopathy due to spasms, numbness, and tingling. CTA of the head and neck to rule out stenosis vs aneurysm vs dissection due to neck pain and Dr. Martino stating the patient has inflamed carotids; This study is being ordered for a neurological disorder.; Unknown; There has not been any treatment or conservative therapy.; numbness, tingling and pain . numbness and tingling in left side of her face. spasms across my forehead. left arm numbness, headaches on the right side of head and behind her right eye. Neck and ear pain. pain in all her joints including her wrist and elb

Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Check CTA Head/neck to rule out significant carotid or intracranial aneurysms. Cervical Spine MRI to rule out significant stenosis. He is hyperreflexic on exam; This study is being ordered for a neurological disorder.; 6/1/17; There has been treatment or conservative therapy.; Neck pain, Cervical Radicular pain, Falls, Myoclonus, episode of confusion, Family history of aneurysm. Left eye droopy and blurry, Myoclonus in his arms/legs, paresthesia in his arms,; ASA 81mg	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Chronic neck pain, Positive Spurling's maneuver on the right side, recently had EMG/NCS done outside facility. She was found to have bilateral carpal tunnel syndrome. She is getting cortisone injections, had one or 2 migraines since the last visit. Contin; 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
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	EVALUATION FOR ABNORMAL GAIT; This study is being ordered for a neurological disorder.; 09/25/2015; There has not been any treatment or conservative therapy.; ABNORMAL GAIT, RIGHT LEG TURNING OUT	1

Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	HPI: The patient is a 38-year-old woman who comes in with headaches. The patient said that beginning around 2015 she developed constant daily muscle spasms and tension pain in her shoulder and neck. About once or twice a week, this will become worse an; 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
Neurology	Disapproval	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.; 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.; none	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	NA; 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

Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has had a trial of physical therapy with no relief.; 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 in the 3rd and 4th digits in the hands. 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.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had Injections to the neck that are not working so MD is wanting to recheck with MRI.; 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
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient is a 34 year old right handed male here for evaluation of headaches. Most of the history is obtained form the patient as well as from chart review. Patient reports that he was involved in a motor vehicle accident after which he started having head; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1

Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is also having new and severe right sided neck pain. Which last all day every day for the past 2 weeks. It hurts to turn her neck or bend it.; 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 is having right arm numbness and weakness. It is hard for her to carry anything with her right arm or open doors, jars, or any packages with her right arm also.; 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.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient is having chronic neck pain and migraine assoicate with neck pain, chronic right arm 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.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	possible fx; This study is being ordered for trauma or injury.; 01/23/2017; There has been treatment or conservative therapy.; neck and back pain; tingling and numbness; pt and meds	1

Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	previous MRI showed some spinal stenosis; 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.; She is tried injections before. Those did not seem to help much and made her feel very poorly for the 2 days afterwards. She has tried gabapentin and he caused a drunk feeling and is listed as allergy. She also remembers trying amitriptyline. She would; 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
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt suffers with headache, blurred vision and neck pain. R/O myelopathy.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	R/O Myopathy; This study is 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 not been any treatment or conservative therapy.; Leg weakness. Reflexers weak. Neck and back.	1

Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	the patient has neck pain, more than 1 month ago. The problem occurs constantly. The quality of the pain is described as burning, aching and shooting. The pain is at a severity of 8/10. pain is worse during the day. Stiffness is present in the morning. As; 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.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient returns for her migraines. She is doing very well on her Topamax 25 mg by mouth 3 times a day. She rarely gets a migraine. She is complaining of increasing neck pain however with radiation down the right arm, also describing some tingling i; 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.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a chronic problem. The current episode started more than 1 year ago. The problem occurs daily. The problem has been gradually improving. Associated symptoms include headaches, nausea, numbness, vomiting and weakness. Associated symptoms comments: ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	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; Known or Suspected Multiple Sclerosis, Infection or abscess; This is for follow up of MS. Patient has been sick recently with loss of appetite; No, the patient does not have new or changing neurological signs or symptoms.; yes, there are documented clinical findings of Multiple sclerosis.	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; Neurological deficits; unknown - uploaded documents; 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
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; Neurological deficits; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	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; None of the above; The patient was seen today in clinic follow up for migraine. She has a history of TMJ Joint dysfunction as well as occipital neuralgia she was unable to pay for treatment of TMJ. Lyrica was helpful but she discontinued due to weight gain. Previous occipit; 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
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; None of the above; Yes, the patient is experiencing or presenting new symptoms of upper extremity weakness.	1
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 metastatic disease.; There are 4 exams are being ordered. Unknown; This study is being ordered for a neurological disorder.; 30 years ago; There has been treatment or conservative therapy.; Headaches. Worsening headaches with neck pain and radiation to shoulders. Worsening neck pain and pain to the mid-thoracic. Great deal of pain throughout the body, neck, thoracic spine, lumbar spine along with fatigable weakness during the day and lack of; Medication therapy.	1
Neurology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	complains of numbness in her toes on both sides, Left-sided facial weakness has improved and resolved completely; This study is 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.; complains of numbness in her toes on both sides, Left-sided facial weakness has improved and resolved completely; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	EVALUATION FOR ABNORMAL GAIT; This study is being ordered for a neurological disorder.; 09/25/2015; There has not been any treatment or conservative therapy.; ABNORMAL GAIT, RIGHT LEG TURNING OUT possible fx; This study is being ordered for trauma or injury.; 01/23/2017; There has been treatment or conservative therapy.; neck and back pain; tingling and numbness; pt and meds	1
Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	R/O Myopathy; This study is 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 not been any treatment or conservative therapy.; Leg weakness. Reflexers weak. Neck and back.	1

Neurology	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.; ; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Neurology	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.; LEG WEAKNESS. KNEE FLEXOR AND HIP FLEXOR WEAKNESS,RIGHT TOE WEAKNESS,REFLEXES +2 THROUGHOUT EXCEPT THE RIGHT UPPER LIMB SEEMED BRISKER,PROPRIOCEPTION MOD DIMINISHED TOES,IMBALANCE,BACK PAIN,ABNORMAL MRI; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Neurology	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.; The patient is experiencing or presenting symptoms of abnormal gait.	4
Neurology	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.; The patient is experiencing or presenting symptoms of asymmetric reflexes.	1

Neurology	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.; 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.	1
Neurology	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.; UNKNOWN; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1
Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a chronic problem. The current episode started more than 1 year ago. The problem occurs daily. The problem has been gradually improving. Associated symptoms include headaches, nausea, numbness, vomiting and weakness. Associated symptoms comments: ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; The study is being ordered due to Neurological deficits.; multiple sclerosis; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	1

Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.; Mr Cihlar is a 53 yea rold male that presents to the clinic for evaluation of RLS at the request of Dr Adams. He reports that he has suffered with RIS with attempts of multiple medications without success of relief.Tried lyrica (had side effects)and poss; 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
Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered. Unknown; This study is being ordered for a neurological disorder.; 30 years ago; There has been treatment or conservative therapy.; Headaches. Worsening headaches with neck pain and radiation to shoulders. Worsening neck pain and pain to the mid- thoracic. Great deal of pain throughout the body, neck, thoracic spine, lumbar spine along with fatigable weakness during the day and lack of; Medication therapy.	1
Neurology	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 28y/o woman with episodes of jerking and twitching. Her description doesn't fit any specific neurological pattern and is very suggestive of nonepileptic events. Her lower extremity symptoms could suggest myelopathy or radiculopathy, but these are unlikely; 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	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.; has had back pain for 15 yrs, she started having pain after she had multiple lumbar punctures when she was 19 years old for viral meningitis. Getting worse.
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	1. Back pain 

Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	51-year-old lady with an acute lower extremity weakness. Primarily centered around the iliopsoas muscle. She has recovered after starting on prednisone. She will continue that. I will try to set up for the MRI tomorrow but I would also like to get a C; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8-31-17; There has been treatment or conservative therapy.; She was having some sciatic type pain on her right leg. However she woke up Thursday with decreased strength in the right leg. She had to lift her right leg up to get it into the car. She scratched her knee and noticed numbness on the anterior thigh th; 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	1
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Bilateral transient paresthesia in upper extremities. Non-radicular low back pain aggravated by walking.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	EMG was done, came back normal; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	EVALUATION FOR ABNORMAL GAIT; This study is being ordered for a neurological disorder.; 09/25/2015; There has not been any treatment or conservative therapy.; ABNORMAL GAIT, RIGHT LEG TURNING OUT	1
				Nerve conduction study done, showed mild neuropathy and the L and mild to severe on the R side of the lower extremity.; 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.; 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.; Unchanged and he started on 6/13/17; OTC medications	
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Neurology	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 Neurologic deficits	1
Neurology	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 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	2

Neurology	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 has acute or chronic back pain.; The patient has Neurological deficit(s)	1
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	This is a chronic problem. The current episode started more than 1 year ago. The problem occurs daily. The problem has been gradually improving. Associated symptoms include headaches, nausea, numbness, vomiting and weakness. Associated symptoms comments: ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.; tenderness and weakness that to 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.	1
Neurology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1

Neurology	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>51-year-old lady with an acute lower extremity weakness. Primarily centered around the iliopsoas muscle. She has recovered after starting on prednisone. She will continue that. I will try to set up for the MRI tomorrow but I would also like to get a C; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8-31-17; There has been treatment or conservative therapy.; She was having some sciatic type pain on her right leg. However she woke up Thursday with decreased strength in the right leg. She had to lift her right leg up to get it into the car. She scratched her knee and noticed numbness on the anterior thigh th; 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</p>	1
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Neurology	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>he patient experiences pain in his bilateral shoulders. His pain is sharp and will occur suddenly. This pain will radiate down into both arms. The patient also experiences consistent muscle aching in his shoulders as well. I am going to order a MRI of his; This study is being ordered for a neurological disorder.; UNKNOWN; There has not been any treatment or conservative therapy.; NP- shooting pain in neck/shoulder &#x0D;</p>	
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Neurology	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Fall on 07/04/2017. Leg went through a pane of glass.; This study is being ordered for trauma or injury.; 01/01/2017; There has been treatment or conservative therapy.; Pain, numbness; Medications	1
Neurology	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 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

Neurology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	51-year-old lady with an acute lower extremity weakness. Primarily centered around the iliopsoas muscle. She has recovered after starting on prednisone. She will continue that. I will try to set up for the MRI tomorrow but I would also like to get a C; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8-31-17; There has been treatment or conservative therapy.; She was having some sciatic type pain on her right leg. However she woke up Thursday with decreased strength in the right leg. She had to lift her right leg up to get it into the car. She scratched her knee and noticed numbness on the anterior thigh th; 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	1
Neurology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for an abdomen-pelvis CT combination.; The requested studies are being ordered for known or suspected hematoma 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	1
Neurology	Disapproval	76390 Mr spectroscopy	Radiology Services Denied Not Medically Necessary	This is a request for MRS.	1

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.	1
				< Enter answer here - or Type In Unknown If No Info Given. >; 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.	
OB/Gynecology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST			1

OB/Gynecology	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.	1
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OB/Gynecology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	high prolactin at 31.6; 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.	1
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OB/Gynecology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	hyperprolactinemia; 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
OB/Gynecology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	MRI of the brain due to severe headache prior to climax (rule out aneurysm)	
OB/Gynecology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient has an elevated prolactin level. Will attach clinical and lab 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.	1
OB/Gynecology	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 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.	1

OB/Gynecology	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 headache is described as a "thunderclap" or the worst headache of the patient's life.; 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 a new and sudden onset of headache (less than 1 week) not improved by pain medications.	1
OB/Gynecology	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	1
OB/Gynecology	Approval	71250 CT CHEST, THORAX	< 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.; July 13, 2017; There has been treatment or conservative therapy.; abnormal lab values, rule out cancer; DNC; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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

OB/Gynecology	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	1
OB/Gynecology	Approval	71250 CT CHEST, THORAX	endometrial 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	1
OB/Gynecology	Approval	71250 CT CHEST, THORAX	PELVIC PAIN AND SWELLING MASS AND LUMP; 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
OB/Gynecology	Approval	71250 CT CHEST, THORAX	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	1

OB/Gynecology	Approval	71250 CT CHEST, THORAX	surveillance of cancer; 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.	1
OB/Gynecology	Approval	71250 CT CHEST, THORAX	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	2
OB/Gynecology	Approval	71250 CT CHEST, THORAX	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	1
OB/Gynecology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.	1
OB/Gynecology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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	1
OB/Gynecology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This is a request for cervical spine MRI; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1

OB/Gynecology	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 x-ray indicating a significant abnormality	1
OB/Gynecology	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The patient is not 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."; The patient has had 3 or fewer pelvis CTs.; This study is not being ordered for initial staging.; The patient is not 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	1
OB/Gynecology	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered as a follow-up to trauma.; "The ordering physician is 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	1
OB/Gynecology	Approval	72192 CT PELVIS WITHOUT CONTRAST	8/25/17 Pt c/o Chronic pelvic pain. Pelvic U/S performed for 	

OB/Gynecology	Approval	72192 CT PELVIS WITHOUT CONTRAST	<p>Patient had Ultrasound on 8/25/17 that showed Large septated right adnexal cyst concerning for ovarian cystadenoma or cystadenocarcinoma. Today on f/u ultrasound exam, a J-Pouch was noted.; 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</p>	1
OB/Gynecology	Approval	72192 CT PELVIS WITHOUT CONTRAST	<p>Pt is status post TAH/BSO x 16 yrs with severe pelvic pain x over 6 months. Suspicion of infection or other problem. Needs CT for further evaluation.; 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</p>	1
OB/Gynecology	Approval	72196 MRI PELVIS	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A cyst 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.</p>	1
OB/Gynecology	Approval	72196 MRI PELVIS	<p>&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.</p>	4

OB/Gynecology	Approval	72196 MRI PELVIS	< 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.; 06/25/17; There has been treatment or conservative therapy.; ABD Pain in rt lower quad/nausea/pelvic pain/vomiting; oral contraceptives	1
OB/Gynecology	Approval	72196 MRI PELVIS	< 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.; 08/02/2017; There has been treatment or conservative therapy.; Pregnancy; Ultrasound	1
OB/Gynecology	Approval	72196 MRI PELVIS	< 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.; 8/9/2017; There has been treatment or conservative therapy.; The pt has pelvic pain, irregular cycles; They did a ab/pel CT 8/10/2017; 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

OB/Gynecology	Approval	72196 MRI PELVIS	Abnormal pelvic sonogram; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
OB/Gynecology	Approval	72196 MRI PELVIS	Eval to decide if uterine artery embolization is needed.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Eval to decide if uterine artery embolization is needed.; There has been treatment or conservative therapy.; pelvic pain/heavy bleeding/pressure; Pt has taken birth control and lists estrogen as former tx.	1
OB/Gynecology	Approval	72196 MRI PELVIS	Hx enlarged fibroids, uterus. Ultrasound 10.7 x 5.6 x7.1 CM. 3.6 unchanged fibroid. 4.3 cm mass on right side. Pebunculateb fibroid. Possible ovarian mass.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
OB/Gynecology	Approval	72196 MRI PELVIS	patient reports postmenopausal vaginal bleed about every 3 months, painless. known history of fibroids. Had US done where several fibroids were noted anteriorly and limit the evaluation of the endometrial stripe. Needs MRI for further distinct eval of end; 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 the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1

OB/Gynecology	Approval	72196 MRI PELVIS	<p>pt. have an abnormal CT; 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 the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.</p> <p>Right tube is not seen on HSG 7/17 (failure to fill) Multiple US of right adnexa show no evidence of right ovary. &#x0D;</p>	1
OB/Gynecology	Approval	72196 MRI PELVIS	<p>She has had significant workup by Dr. Ratcliff. She has had a negative CT last fall for eval of lower pelvic pain and laparoscopy at the first of the year with lysis of adhesions, yet she has continued to have significant intense pelvic and rectal 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.; 9/12/16; There has been treatment or conservative therapy.; C/o pelvic pain and pressure which were the same symptoms the last time she had a UTI. Requests UA. Will send order to MCSA and have MRI scheduled for on going pelvic pain that has lasted for a year. On ultrasound and CT right ovary was not visualized. ; The patient has had an ultrasound, colonoscopy and CT of abdomen and pelvis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1

OB/Gynecology	Approval	72196 MRI PELVIS	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.	1
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.	3
OB/Gynecology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1
OB/Gynecology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	1
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?	8
OB/Gynecology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Pt had a normal ultrasound prior to this CT order. Pt continues to have RUQ pain since her C Section delivery.; 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 not a first follow up study for a post operative complication.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	R/O CONGENITAL ADRENAL HYPERPLASIA; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 	

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	2
OB/Gynecology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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	2
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 a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		3

OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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 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	1

OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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 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	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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.; July 13, 2017; There has been treatment or conservative therapy.; abnormal lab values, rule out cancer; DNC; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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
OB/Gynecology	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 did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1

OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	endometrial 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	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Mild lower ABD tenderness, pain not tolerable with meds, painful with movement, not improves with rest, not regulated with bowel movement, 3-4 weeks present, constantly sharp; This is a 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	1

OB/Gynecology

Approval

74176 CT ABD & PELVIS
W/O CONTRAST

Patient is having pelvic pain and dysparunia to point cannot engage. Has had recurrent cystitis. Had pelvic hematoma after TAH in Feb and has not felt good since. I feel a fullness that is firm in right lower pelvis. patient reports lower 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 performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT

1

OB/Gynecology

Approval

74176 CT ABD & PELVIS
W/O CONTRAST

Patient with c/o abdominal-pelvic pain. She has had LLQ pain for approx 3 months. Pain occurs every day and varies in intensity. Patient was seen in ED 07/26/17. Pelvic US showed normal bilateral appearing ovaries. Possible left corpus luteum cyst vs fol; This is a 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

1

OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>PELVIC PAIN AND SWELLING MASS AND LUMP; 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</p>	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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</p> <p>surveillance of cancer; 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.</p>	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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</p>	5

OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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.; It is not known if there are 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.; It is not known if there is 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</p>	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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</p>	1

OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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 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 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; Abnormal pap, abnormal uterine bleeding, endometriosis; Yes this is a request for a Diagnostic CT</p>	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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 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</p>	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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</p>	9

OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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; &Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	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.; It is not known if the study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; The pre-op evaluation is not for planned or possible ventral hernia repair ordered by a surgeon.; It is not known if the pre-op evaluation is for a known tumor excision.; It is not known if the pre operative evaluation is for a known abdominal infection.; Pre-op or post op evaluation; &Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1

OB/Gynecology	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 Hematuria.; Other; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	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 Lymphadenopathy.; Other; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	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; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	2
OB/Gynecology	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	2
OB/Gynecology	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; abdominal hernia; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	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; endometrial biopsy on 7-20-17	

OB/Gynecology	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; lower abdominal pain.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	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; Normal u/s recommends further eval; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	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; pt c/o left flank and lower back pain for over a year. pt had a negative bimanual pelvic exam in clinic on 6/26/17; recommend CT for further eval of abd and pelvis.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	7
OB/Gynecology	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	9

OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	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 new symptoms including hematuria.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	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 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
OB/Gynecology	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	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1

OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	3
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OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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.; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1
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OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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</p>	1
OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a 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</p>	1

OB/Gynecology	Approval	74176 CT ABD & PELVIS W/O 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
OB/Gynecology	Approval	74181 MRI ABDOMEN	< 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.; 06/25/17; There has been treatment or conservative therapy.; ABD Pain in rt lower quad/nausea/pelvic pain/vomiting; oral contraceptives	1
OB/Gynecology	Approval	74181 MRI ABDOMEN	< 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.; 8/9/2017; There has been treatment or conservative therapy.; The pt has pelvic pain, irregular cycles; They did a ab/pel CT 8/10/2017; 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

OB/Gynecology	Approval	74181 MRI ABDOMEN	<p>Eval to decide if uterine artery embolization is needed.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; Eval to decide if uterine artery embolization is needed.; There has been treatment or conservative therapy.; pelvic pain/heavy bleeding/pressure; Pt has taken birth control and lists estrogen as former tx.</p>	1
OB/Gynecology	Approval	74181 MRI ABDOMEN	<p>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.; 7/11/2017; There has been treatment or conservative therapy.; Excessive hair growth over entire body, GHEA was elevated; Lab work</p>	1
OB/Gynecology	Approval	74181 MRI ABDOMEN	<p>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.; ECTOPIC PREGNANCY THAT CAN'T BE CLEARLY SEEN WITH ULTRASOUND TO DETERMINE BEST TREATMENT PLAN.</p>	1

OB/Gynecology	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.; The patient is currently 29 weeks pregnant. Upon Level 2 ultrasound it was found that the fetus has Holoprosencephaly. The MRI w/o contrast to help determine the severity of the Holoprosencephaly and to help determine the location the patient needs to del	1
OB/Gynecology	Approval	74712 Fetal MRI	This a request for a Fetal MRI.; An ultrasound of the mother been completed.; Congenital or vascular anomalies of the brain or skull has been identified or remains uncertain after an ultrasound.	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	< Enter answer here - or Type In Unknown If No Info Given. >; 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).	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	< Enter answer here - or Type In Unknown If No Info Given. >; 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.; It is not known if this is a confirmed breast cancer.; It is unknown if there are benign lesions in the breast associated with an increased cancer risk.	1

OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	< Enter answer here - or Type In Unknown If No Info Given. >; 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.	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	< Enter answer here - or Type In Unknown If No Info Given. >; 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
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	; 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).	2
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Assymmetric density in right breast found on breast exam, may obscure masses.; 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).	1

OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Lifetime risk based on Tyer Cusick model 7 is 57.4%. Family history of breast cancer,Mother at age 77, Maternal grandmother at age 30, maternal aunt at age 65.; 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).	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Maternal grandmother had breast cancer; Mammo came back inconclusive; 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.; 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).	1

OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	<p>Patient has focal asymmetry in breast. She also has a strong family history including a sister with ovarian cancer,a sister with breast cancer, and her mother has a history of breast cancer as well. Her Lifetime Risk is greater than 20% using the Tyrer-; 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.; 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).</p>	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	<p>Patient is considered high risk for breast cancer. Her lifetime risk=20.8%. Her mother was diagnosed with breast cancer at age 42.; 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).</p>	1

OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	PATIENT'S MATERNAL GRANDMOTHER WAS DIAGNOSED WITH BREAST CANCER AND ALH AT AGE 40, ALSO PATERNAL AUNT DIAGNOSED WITH BREAST CANCER IN HER 50'S. PATIENTS TYRER-CUZICK IS 29.5%.; 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).	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Patients mother has 3 seperate diagnoses of 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).	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	PT HAS A TYRER-CUZICK LIFETIME RISK OF 34.9%.; 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).	1

OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	PT IS CONSIDERED HIGH RISK BASED ON A CALCULATED TYRER-CUZICK SCORE OF 29.4%.; 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).	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radilogist reported a patient's estimated risk for developing invasive breast cancer over her lifetime is 33.3% compared to a risk of 10.1% for a woman of the same age. This is due to her sister being diagnosed at age 39 with breast cancer and age 40 mata; 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).	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	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.	2
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	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

OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	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).	1
OB/Gynecology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	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
OB/Gynecology	Approval	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 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.	2
OB/Gynecology	Approval	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 suspected implant rupture.; Yes,this study is being ordered to evaluate a suspected silicone implant rupture.	2
OB/Gynecology	Approval	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.; There are benign lesions in the breast associated with an increased cancer risk.	1

OB/Gynecology	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 Cervical Cancer.; This is NOT a Medicare member.	1
OB/Gynecology	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 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
OB/Gynecology	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 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.	1
OB/Gynecology	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.	1

OB/Gynecology	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.; Thi study is being requested for None of the above.; This procedure is being requested for other indications	1
OB/Gynecology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient is a 20 year old G0 white female presenting for annual exam. She has has one normal pap test at DeQueen health clinic. Patient is complaining of irregular periods. She did not have a period at all in April. She has not had a menses since July. She; 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	1
OB/Gynecology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	none; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; It is unknown if 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
OB/Gynecology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	sudden onset acute pain, swelling in left breast, radiating to left arm,no palpable mass, suspicion lymph node involvement, or inflammatory process; A Chest/Thorax CT is being ordered.; The study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

OB/Gynecology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Chronic UTI's, and pt has spinal bifida, and pt needs epidural, and needs to see where the spinal bifida is; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
OB/Gynecology	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
OB/Gynecology	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	involuntary loss of urine into vagina, light hip pain,; 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	1
OB/Gynecology	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Cramping and bleeding; 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	1
OB/Gynecology	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	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.; 7/11/2017; There has been treatment or conservative therapy.; Excessive hair growth over entire body, GHEA was elevated; Lab work	1
OB/Gynecology	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	pregnant with incident finding of pelvic mass; March US - A solid&#xOD;	

OB/Gynecology	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 another reason besides Kidney/Ureteral stone, 	
OB/Gynecology	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1
OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O 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-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

OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	History of VIN II. Intermittent right lower quadrant pain sore to touch. Patient reports a couple of times a month is very uncomfortable and achy. Alternating diarrhea and constipation x 2 years. Reports only change in last year is increased frequency of; This is a 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
OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	POST OP 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 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
OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	post-op check; 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	1

OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Post-operative Diagnostic Procedure - Complaining of abdominal pain. Treatments and meds not improving pain. No previous history of diverticulitis or gastritis.; 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	1
OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	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	1
OB/Gynecology	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; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	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; ; Yes this is a request for a Diagnostic CT	2

OB/Gynecology	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; right lower quad pain , fatigue , bleeding; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	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 is neither a known nor a strong suspicion of kidney or ureteral stones.; This patient is not experiencing hematuria.; Kidney/Ureteral stone; RIGHT LOWER QUADRANT PAIN PERSISTENT FOR 4-5 MONTHS. R/O A URINARY STONE.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	to evaluation for 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.; It is not known if the study is requested for hematuria.; Yes this is a request for a Diagnostic CT	1
OB/Gynecology	Disapproval	74181 MRI ABDOMEN	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.; 08/02/2017; There has been treatment or conservative therapy.; Pregnancy; Ultrasound	1
OB/Gynecology	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	pregnant with incident finding of pelvic mass; March US - A solid	

OB/Gynecology	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	<p>She has had significant workup by Dr. Ratcliff. She has had a negative CT last fall for eval of lower pelvic pain and laparoscopy at the first of the year with lysis of adhesions, yet she has continued to have significant intense pelvic and rectal 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.; 9/12/16; There has been treatment or conservative therapy.; C/o pelvic pain and pressure which were the same symptoms the last time she had a UTI. Requests UA. Will send order to MCSA and have MRI scheduled for on going pelvic pain that has lasted for a year. On ultrasound and CT right ovary was not visualized. ; The patient has had an ultrasound, colonoscopy and CT of abdomen and pelvis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>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;</p>	1
OB/Gynecology	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	<p>She has had significant workup by Dr. Ratcliff. She has had a negative CT last fall for eval of lower pelvic pain and laparoscopy at the first of the year with lysis of adhesions, yet she has continued to have significant intense pelvic and rectal 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.; 9/12/16; There has been treatment or conservative therapy.; C/o pelvic pain and pressure which were the same symptoms the last time she had a UTI. Requests UA. Will send order to MCSA and have MRI scheduled for on going pelvic pain that has lasted for a year. On ultrasound and CT right ovary was not visualized. ; The patient has had an ultrasound, colonoscopy and CT of abdomen and pelvis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>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;</p>	1

OB/Gynecology	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	Bilateral Breast MRI is needed for further evaluation of Mammogram finding without ultrasound correlation. The patient has asymmetry of her right 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. Breast MRI done in 2016 showed right breast microcalcifications and it was recommended by the radiologist to have a 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.	1
OB/Gynecology	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	Extreme dense breast composition.; 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
OB/Gynecology	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	Family history: MOTHER AT AGE 40, AGAIN AT 57; MATERNAL GREAT GRANDMOTHER AT AGE 60; MATERNAL GREAT AUNT AT AGE 50; MATERNAL GREAT AUNT AT AGE 50 AND MATERNAL GREAT AUNT AT AGE 70.	1

OB/Gynecology	Disapproval	78813 PET IMAGING 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.	1
OB/Gynecology	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.	1
OB/Gynecology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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 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.	1
Obstetrics & Gynecology	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	mother and MGrandmother; 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).	1

Occupational Medicine	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN 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.; 05/18/2017; There has been treatment or conservative therapy.; cant bend, pain in both knees; range of motion , ice therapy, medication	2
Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		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 Oncology 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	1
Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST			2
Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		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 Oncology	1
Oncology	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Oncology	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 Oncology	1
Oncology	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 Oncology	1
Oncology	Approval	71250 CT CHEST, THORAX	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Oncology	Approval	71250 CT CHEST, THORAX	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Oncology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< 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.; 10/2014; There has been treatment or conservative therapy.; appetite change, fatigue, diarrhea, positive for change in skin color, numbness, bruises and bleeding.; Chemotherapy	1
Oncology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< 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.; 10/2014; There has been treatment or conservative therapy.; appetite change, fatigue, diarrhea, positive for change in skin color, numbness, bruises and bleeding.; Chemotherapy	1
Oncology	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)	1

Oncology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< 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.; 10/2014; There has been treatment or conservative therapy.; appetite change, fatigue, diarrhea, positive for change in skin color, numbness, bruises and bleeding.; Chemotherapy	1
Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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 Oncology	1
Oncology	Approval	74176 CT ABD & PELVIS W/O 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Oncology	Approval	74176 CT ABD & PELVIS W/O 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Oncology	Approval	74181 MRI ABDOMEN	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
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 Cervical Cancer.; This is NOT a Medicare member.	1
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 subsequent treatment.; This study is being requested for Head/Neck Cancer.; The patient has Brain cancer.; This is NOT a Medicare member.	1

Ophthalmology	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.	1
Ophthalmology	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.	2
Ophthalmology	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 suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is a history of serious head or skull, trauma or injury.ostct"; Yes this is a request for a Diagnostic CT	2
Ophthalmology	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 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"; Yes this is a request for a Diagnostic CT	2

Ophthalmology	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 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 suspicion of neoplasm, or metastasis.ostct"; Yes this is a request for a Diagnostic CT	1
Ophthalmology	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 suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; Yes this is a request for a Diagnostic CT	4
Ophthalmology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	r/o cluster headache; This study is being ordered for a neurological disorder.; couple months ago; There has not been any treatment or conservative therapy.; eye pain, headache	1
Ophthalmology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	< 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	1

Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; 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 an Orbit MRI.; It is unknown if there is a history of orbit or face trauma or injury.	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< 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.	3
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< 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 physician is not a hematologist/oncologist.	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 09/09/2017; There has not been any treatment or conservative therapy.; double vision, eye wondering around on its own; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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

Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< 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.; 09/09/2017; There has been treatment or conservative therapy.; blurry vision; brain 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	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< 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.; 9/6/17; There has been treatment or conservative therapy.; eye crosses and double vision; added bifocal to glasses and eye 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	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 40 years ago; There has been treatment or conservative therapy.; decreased vision; drops	1

Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	; 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 an Orbit MRI.; It is unknown if there is a history of orbit or face trauma or injury.	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	caller will fax 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.; caller will fax in clinical; It is not known if there has been any treatment or conservative therapy.; caller will fax in clinical	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	It is unknown if there is 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.; It is unknown if there is a history of orbit or face trauma or injury.	1

Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	New vertical visual field 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 physician is not a hematologist/ oncologist.	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	None; This study is being ordered for Inflammatory/ Infectious Disease.; 8/18/2017; There has been treatment or conservative therapy.; C/O vision loss, headaches that wake him up in the middle of the night, vomiting, tingling, hearing loss; Eye 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	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	R/O Brain 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	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	r/o tumor; 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 physician is not a hematologist/ oncologist.	1

Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	R/O: Compressive Lesion, CVA, or Demyelinating Disease the patient has Bilateral Optic Atrophy with Bilateral Visual Field Defects; 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 physician is not a hematologist/ oncologist.	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	RULE OUT MASS ARE DEMYELINATING LESION; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Ophthalmology	Approval	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.; It is unknown if there is a history of orbit or face trauma or injury.	1
Ophthalmology	Approval	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.	2
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This is a request for an Orbit MRI.; There is a history of orbit or face trauma or injury.	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	unknown; 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.; There is not 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 an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1

Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	unknown; This study is being ordered for a neurological disorder.; 07/17/2017; There has not been any treatment or conservative therapy.; sudden vision loss, pain	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	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.; 07/07/2017; There has not been any treatment or conservative therapy.; headaches, blurred vision, pain,	1
Ophthalmology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	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.; 07/27/2017; There has not been any treatment or conservative therapy.; loss of sight and vision is gray and seeing puzzle pieces and sensitive to light.	1
Ophthalmology	Approval	70544 Mr angiography head w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; The patient did NOT have a stroke in the last month.; It is unknown if there is 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.; The ultrasound showed stenosis or narrowing of the artery.; The patient has NOT had an onset of neurologic symptoms within the last two weeks.; The patient has NOT been diagnosed with Coarctation of the aorta, Marfan's syndrome, Neurofibromatosis, or Moya-moya disease.	1
Ophthalmology	Approval	70544 Mr angiography head w/o dye	; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;	1

Ophthalmology	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 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.	1
Ophthalmology	Approval	70547 Mr angiography neck w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; The patient did NOT have a stroke in the last month.; It is unknown if there is 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.; The ultrasound showed stenosis or narrowing of the artery.; The patient has NOT had an onset of neurologic symptoms within the last two weeks.; The patient has NOT been diagnosed with Coarctation of the aorta, Marfan's syndrome, Neurofibromatosis, or Moya-moya disease.	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< 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 physician is not a hematologist/oncologist.	1

Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 09/09/2017; There has not been any treatment or conservative therapy.; double vision, eye wondering around on its own; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 8-8-17; It is not known if there has been any treatment or conservative therapy.; multiples sclerosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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

Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< 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.; 09/09/2017; There has been treatment or conservative therapy.; blurry vision; brain 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	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< 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.; 9/6/17; There has been treatment or conservative therapy.; eye crosses and double vision; added bifocal to glasses and eye 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	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 40 years ago; There has been treatment or conservative therapy.; decreased vision; drops	1

Ophthalmology	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. ; 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 ; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;	2
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		2
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	causing Blur vision; 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
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Enter answer here - or Type In Unknown If NoInfo Given.	

Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Myasthenia gravis; 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.	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	New vertical visual field 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 physician is not a hematologist/ oncologist.	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	None; This study is being ordered for Inflammatory/ Infectious Disease.; 8/18/2017; There has been treatment or conservative therapy.; C/O vision loss, headaches that wake him up in the middle of the night, vomiting, tingling, hearing loss; Eye 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	1

Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	r/o tumor; 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 physician is not a hematologist/ oncologist.	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	R/O: Compressive Lesion, CVA, or Demyelinating Disease the patient has Bilateral Optic Atrophy with Bilateral Visual Field Defects; 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 physician is not a hematologist/ oncologist.	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	RULE OUT MASS ARE DEMYELINATING LESION; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Ophthalmology	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.	2

Ophthalmology	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 recent neurological symptoms or deficits such as one sided weakness, speech impairments, or vision defects.	6
Ophthalmology	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.	2
Ophthalmology	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 recent neurological deficits on exam such as one sided weakness, speech impairments or vision defects.	2
Ophthalmology	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 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.	3

Ophthalmology	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 intermittent or new neurological symptoms or deficits such as one-sided weakness, speech impairments, or vision defects.	1
Ophthalmology	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 recent neurological symptoms such as one-sided weakness, unknown; This study is being ordered for a neurological disorder.; 07/17/2017; There has not been any treatment or conservative therapy.; sudden vision loss, pain	2
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM 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.; 07/07/2017; There has not been any treatment or conservative therapy.; headaches, blurred vision, pain,	1
Ophthalmology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM 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.; 07/27/2017; There has not been any treatment or conservative therapy.; loss of sight and vision is gray and seeing puzzle pieces and sensitive to light.	1

Ophthalmology	Approval	71550 MRI CHEST 72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		r/o tumor; 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 physician is not a hematologist/oncologist. ; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Ophthalmology	Approval			r/o cluster headache; This study is being ordered for a neurological disorder.; couple months ago; There has not been any treatment or conservative therapy.; eye pain, headache	1
Ophthalmology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary		1
Ophthalmology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO 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.; 7/24/2017; There has not been any treatment or conservative therapy.; Pain around eyes, 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	1
Ophthalmology	Disapproval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	r/o cluster headache; This study is being ordered for a neurological disorder.; couple months ago; There has not been any treatment or conservative therapy.; eye pain, headache	1
Ophthalmology	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	1

Ophthalmology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	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.; 8-8-17; It is not known if there has been any treatment or conservative therapy.; multiples sclerosis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology ADVANCED OPEN ANGLE GLAUCOMA, MACULAR DEGENERATION; This study is being ordered for Congenital Anomaly.; APPRX 08/01/2017; There has not been any treatment or conservative therapy.; VISUAL FIELD DEFECTS	1
Ophthalmology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	caller will fax 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.; caller will fax in clinical; It is not known if there has been any treatment or conservative therapy.; caller will fax in clinical	2
Ophthalmology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	Need MRI for strabismus 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.; Unknown; It is not known if there has been any treatment or conservative therapy.; Extropia unknow duration	

Ophthalmology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	ADVANCED OPEN ANGLE GLAUCOMA, MACULAR DEGENERATION; This study is being ordered for Congenital Anomaly.; APPRX 08/01/2017; There has not been any treatment or conservative therapy.; VISUAL FIELD DEFECTS	1
Ophthalmology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Need MRI for strabismus 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.; Unknown; It is not known if there has been any treatment or conservative therapy.; Exotropia unknow duration	
Ophthalmology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	R/O Brain 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	1
Oral/Maxillofacial	Approval	70336 MRI TEMPROMANDIBULAR JOINT, TMJ, JAW JOINT		This is a request for a temporomandibular joint MRI.	1
Oral/Maxillofacial	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 immune-compromised.; Yes this is a request for a Diagnostic CT	1

Orthopedics	Approval	70450 CT BRAIN, HEAD	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.	1
Orthopedics	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.	1
Orthopedics	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 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"; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	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	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 suspicion of infection or abscess	1

Orthopedics Approval 70540 MRI
ORBIT/FACE/NECK W/O
DYE

07-10-17

< 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).

Orthopedics Approval 70551 MRI HEAD,
BRAIN, BRAINSTEM
WITHOUT CONTRAST

Orthopedics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>This is a pleasant Caucasian female who comes in today for follow-up. She has history of CNS vasculitis though serology was unremarkable for underlying autoimmune disease. She has maintained on prednisone and Imuran. She's had fragility fracture and has s; 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.</p>	1
Orthopedics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>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.</p>	1

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 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.	1
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.; This study is being ordered for and infection or inflammation.	1
Orthopedics	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.; 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
Orthopedics	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	1

Orthopedics	Approval	71250 CT CHEST, THORAX	"The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; 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
Orthopedics	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	1
Orthopedics	Approval	71250 CT CHEST, THORAX	; 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
Orthopedics	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	71250 CT CHEST, THORAX	The ordering physician a Surgeon, Pulmonologist, or Cardiologist.; 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	1

Orthopedics	Approval	71250 CT CHEST, THORAX	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Orthopedics	Approval	71250 CT CHEST, THORAX	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Orthopedics	Approval	71550 MRI CHEST	Post laminectomy through right laminotomy L4-5, for facet cyst with persistant right leg pain. Post left shoulder arthroscopy with persistant 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.; 4/12/2017; There has been treatment or conservative therapy.; severe right buttock and leg pain. Left shoulder pain with no range of motion; Medication, Steroid injections, eventually surgical intervention	1

Orthopedics	Approval	71550 MRI CHEST	This study is being ordered for pre-operative evaluation.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; This is a request for a chest MRI.	1
Orthopedics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO 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.; 1999; There has been treatment or conservative therapy.; severe neck pain with radiculopathy to both shoulders. Back pain causing claudication, muscle weakness and pain; medication, physical therapy 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	1
Orthopedics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO 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.; 7/1/17; There has been treatment or conservative therapy.; Cervical, Back and R Arm pain. Post Cervical surgery with hardware slippage at C4-5; Medication and 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	1

Orthopedics	Approval	72125 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. Enter answer here - or Type In Unknown If No Info Given PATIENT HAS DENTAL IMPLANTS AND DOCTOR THOUGHT CT WAS BETTER FOR PATIENT WITH IMPLANTS..; 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
Orthopedics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	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.	1
Orthopedics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST		1

Orthopedics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	<p>Patient has progressive weakness and fine motor skill issues with the right hand which is the dominate hand. he has undergone a right ulnar nerve surgery with minimal improvement. Patient has decreased grip in right hand, numbness in both hands. Positi; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/1/2016; There has been treatment or conservative therapy.; Weakness and fine motor skill issues in the right hand. Positive EMG with right C8 radiculopathy; Right ulnar nerve surgery with minimal improvement</p>	1
Orthopedics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	<p>Pt severe pain in her back she cannot bend, climb stairs, lift anything, push anything and walking is difficult. Patient has pain at night, not able to sleep; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/5/17; There has been treatment or conservative therapy.; severe pain in the upper and lower back. decreased mobility, numbness, tenderness and weakness; Medication, lifestyle modification, lumbar surgery in 2016</p>	1

Orthopedics	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 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.	1
Orthopedics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This is a 38-year-old who has a complex history spinal deformity. He describes that he had an esophageal reconstruction as an infant and he had multiple surgeries as a young man. The most recent surgery that he can recall is one in the 90s with a midlin; 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
Orthopedics	Approval	72125 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; 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.	1
Orthopedics	Approval	72125 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; This study is being ordered due to pre-operative evaluation.; The patient is experiencing or presenting symptoms of radiculopathy.; There is a known condition of neurological deficits.; There is a reason why the patient cannot have a Cervical Spine MRI.	1

Orthopedics	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	2
Orthopedics	Approval	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	1
Orthopedics	Approval	72128 CT THORACIC SPINE, UPPER BACK NO 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.; 7/1/17; There has been treatment or conservative therapy.; Cervical, Back and R Arm pain. Post Cervical surgery with hardware slippage at C4-5; Medication and 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	1
Orthopedics	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Mid back pain with numbness into his hands. pain ranges from mild to severe. pain increasing, described as burning piercing and sharp also cramping. alleviated with ice rest sitting in chair and pain meds. aggravated with walking, bending, lifting. No rel; 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	1

Orthopedics	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Mr. Gueringer returns and continues having ongoing left-sided mid back pain. He has been seen Dr. Krishnan for this and has had a series of 3 injections. He states that they really have not helped him. We were hoping to calm down this pain with these i; 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 Pt ahd four wheeler accident, Fracuter 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	1
Orthopedics	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	This is a request for a thoracic spine CT.; "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.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	< 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 been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; pt	

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.; ; There has been treatment or conservative therapy.;;	2
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.; 1999; There has been treatment or conservative therapy.; severe neck pain with radiculopathy to both shoulders. Back pain causing claudication, muscle weakness and pain; medication, physical therapy 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	1

Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	<p>Patient is c/o pain becoming much more persistent and worse as the days go by; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11-20-2016; There has been treatment or conservative therapy.; Residual left L5 radiculopathy. left buttock and leg pain; Medication, Epidural 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</p>	1
Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	<p>Pt severe pain in her back she cannot bend, climb stairs, lift anything, push anything and walking is difficult. Patient has pain at night, not able to sleep; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 1/5/17; There has been treatment or conservative therapy.; severe pain in the upper and lower back. decreased mobility, numbness, tenderness and weakness; Medication, lifestyle modification, lumbar surgery in 2016</p>	1
Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	<p>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</p>	7

Orthopedics	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	6
Orthopedics	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	9
Orthopedics	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	5
Orthopedics	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	28

Orthopedics	Approval	72131 CT LUMBAR SPINE, LOW BACK	X-rays have no collapse of the graft in the implants look well-positioned. However, she continues to have severe right buttock and leg pain. However recommend an MRI to rule out fluid collection such as hematoma or seroma. I recommend a CT to rule out; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/03/2017; There has been treatment or conservative therapy.; ; patient has underwent Lumbar Fusion since last Imaging. need new imaging for Post operative review.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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.	1

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>&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;;</p>	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>&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.; 05/19/2017; There has been treatment or conservative therapy.; Neck pain, Limited range of motion, Radicular pain in arms. Weakness in hands, Difficulty sleeping.; 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</p>	1

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< 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.; 7/26/2016; There has been treatment or conservative therapy.; CHRONIC PAIN IN LOW BACK & NECK.; PATIENT HAS HAD PAIN MEDS, ANTI INFLAM, INJECTIONS, & HOME EXER.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; march 2017; There has been treatment or conservative therapy.; pain in the neck and shoulder; physical therapy	1
Orthopedics	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.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; 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.;	1

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>; This study is being ordered for a neurological disorder.; FEBRUARY 6, 2016; There has been treatment or conservative therapy.; NECK PAIN WITH BILATERAL UPPER EXTREMITY RADICULOPATHY, IMPINGMENT SYNDROME, BILATERAL ROTATOR CUFF TENDONITIS. CANT LIFT ARMS ABOVE HEAD, NUMBNESS AND TINGLING DOWN BOTH ARMS.; NSAIDS , CHANGE IN ACTIVITY LEVEL, STEROID INJECTIONS, ICE/ HEAT, HOME EXCERCISE PROGRAMS, PHYSICAL THREAPY.</p>	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>; This study is being ordered for a neurological disorder.; June of 2017; There has been treatment or conservative therapy.; neck pain, right shoulder pain and muscle weakness of the right hand. This individual states that he initially injured his right shoulder and neck some 25 years ago when he was working as an electrician. At that time apparently some scaffolding fell out; NSAIDS and Home Exercise program by PCP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>; This study is being ordered for Inflammatory/ Infectious Disease.; 5/24/2017; There has been treatment or conservative therapy.; Back pain, shoulder pain, tenderness at AC joint upon examination. Pain with motion.; Physical therapy and Depo-Medrol injection</p>	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>; This study is being ordered for a neurological disorder.; June of 2017; There has been treatment or conservative therapy.; neck pain, right shoulder pain and muscle weakness of the right hand. This individual states that he initially injured his right shoulder and neck some 25 years ago when he was working as an electrician. At that time apparently some scaffolding fell out; NSAIDS and Home Exercise program by PCP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p> <p>; This study is being ordered for Inflammatory/ Infectious Disease.; 5/24/2017; There has been treatment or conservative therapy.; Back pain, shoulder pain, tenderness at AC joint upon examination. Pain with motion.; Physical therapy and Depo-Medrol injection</p>	1

Orthopedics	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.; 4/01/2017; There has been treatment or conservative therapy.; right shoulder pain at night and at rest.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Chief complaint: Neck, upper back, mid back, lower back pain, without radiculopathy History: Katherine Brown is a 23-year-old Oxford Mississippi college graduate, seen today, requested Dr. Kevin Roberts for the above complaints, that have occurred insidiously; 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.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	EMG/NCV BUE dated 08/15/17 shows findings consistent with a mild C7 radiculopathy on the right. He has axon loss, in the right C7 innervated muscles, consistent with mild cervical root pathology; 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

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	EVAL OF HIS SCOLIOSIS THAT WAS FIRST NOTES BY HIS PCP ON A SCHOOL PHYSICAL, WHO GOT X-RAYS AND THEN SENT TO THE ORTHO CLINIC FOR FURTHER EVAL AND TREATMENT; This study is being ordered for Congenital Anomaly.; UNKNOWN; There has been treatment or conservative therapy.; UNKNOWN; 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
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Evaluate cause/source of neuropathy; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Limited ROM c-spine	
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	has been attending PT and that the numbness in her rt hand has stopped, but is still having numbness in her left hand, reports that her left UE pain, weakness, etc. has continued. She says that PT has helped with ROM, but not alleviated the pain. She des; This is a request for cervical spine MRI; Neurological deficits; 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.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	IMPRESSION:	
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	IMPRESSION:	

Orthopedics

Approval

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; 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.; <Enter Additional Clinical Information>

1

Orthopedics

Approval

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; 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.; This is a 42-year-old woman who has significant left-sided lumbosacral back pain along with left knee pain and evidence of nonunion at C6-7. In an effort to better understand where her arm pain may be originating, I believe an updated MRI is appropriate

1

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	left shoulder pain and neck pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Ms. McCarty is here for evaluation of her right upper extremity. The patient is a 49-year-old woman. The patient has a two-month history of radicular symptoms, right upper extremity. The patient reports numbness and tingling and radicular pain radiating; 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.;</p> <p>NECK EXAMINATION: Is supple. She has a mild degree of cervical spine tenderness at the base of the cervical spine. She has positive Spurling's signs. &#x0D;</p>	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>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.; weakness going down arm with 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.</p>	1

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Over time he has developed progressively worsening and quite significant low back pain, radiating left leg pain, left arm tingling and numbness greater than right arm tingling numbness, and significant neck pain. He has had multiple sessions of physical ; 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 had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Patient has pain in the lower back and neck. pain is radiating to the right leg. pt has decreased mobility, numbness in upper extremities.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/5/16; There has been treatment or conservative therapy.; Pain in lower back and neck with radiculopathy; medication, physical therapy and injections	1

Orthopedics

Approval

72141 MRI CERVICAL
SPINE OR NECK SPINE
WITHOUT CONTRAST

Patient has progressive weakness and fine motor skill issues with the right hand which is the dominate hand. he has undergone a right ulnar nerve surgery with minimal improvement. Patient has decreased grip in right hand, numbness in both hands. Positi; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/1/2016; There has been treatment or conservative therapy.; Weakness and fine motor skill issues in the right hand. Positive EMG with right C8 radiculopathy; Right ulnar nerve surgery with minimal improvement

Orthopedics

Approval

72141 MRI CERVICAL
SPINE OR NECK SPINE
WITHOUT CONTRAST

Patient is experiencing cervical and lumbar neurological deficit. Chronic pain in cervical and lumbar area with severe pain radiating down back, arms, hips and legs. pain is described as burning, piercing and throbbing. Decreased sensation in upper and; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/11/2017; There has been treatment or conservative therapy.; Chronic and severe pain cervical and lumbar area, pain is radiated to arms, hips and legs. Decreased sensation in both upper and lower extremities; Nonsteroidal anti-inflammatory medication, lifestyle modification, spinal exercises, healing 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

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Patient was not able to complete physical therapy due to pain. Has been taking Tramadol for over 2 years and Methocarbamol since 08/15/2017.; 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 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.</p>	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>PRE-OPERATIVE.&#x0D;</p> <p>R/O bulging or herniated 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.; There is weakness.; Pt is having weakness in his 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.</p>	1

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	R/O herniated disc; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Pain and weakness throughout her range of motion, pain going down left arm l a radicular type fashion; 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
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Removal of hardware; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/29/2017; There has been treatment or conservative therapy.; Pain from time to time. Painful Hardware.; Surgery with Rod place 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
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	SEVERE PAIN TO NECK RADIATING INTO ARMS PRIOR SURG OF CERV FUSION 	

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>The patient has evidence of progressive weakness and loss of sensation to his lower extremities and has had 2 previous substantial injuries to his thoracolumbar junction. It is possible that there is residual, and in fact progressive effects from the con; This study is being ordered for trauma or injury.; 2007; It is not known if there has been any treatment or conservative therapy.; He had increasing thoracolumbar pain, and his legs have become progressively more weak and with increasing burning paresthesias. He has a hard time going up and down stairs now, and has little sensation to his feet. He also is having increasing difficul; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>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.</p>	1

Orthopedics	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.; It is not known if this patient had a recent course of supervised physical Therapy.	1
Orthopedics	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.	2
Orthopedics	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.; It is not known if this patient had a recent course of supervised physical Therapy.	2

Orthopedics	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.	7
Orthopedics	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.	1
Orthopedics	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.; No, this patient did not have a recent course of supervised physical Therapy.	6

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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	1
Orthopedics	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; 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 signs or symptoms of bladder or bowel dysfunction.	6
Orthopedics	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 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.	1
Orthopedics	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 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.	6
Orthopedics	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.	53

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; It is not known if there is evidence of tumor or metastasis on bone scan or x-ray.; Suspected Tumor with or without Metastasis; <Enter Additional Clinical Information>	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Neurological deficits; Patient has Paresthesias in his hands along with pain with ROM.; 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
Orthopedics	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.	35
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; None of the above; <Enter 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.	3

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.	2
Orthopedics	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.	7
Orthopedics	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.	15
Orthopedics	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.	15
Orthopedics	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.	5

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; Enter Additional Clinical InHolly Attaway comes in complaining of intermittent pain in right mid scapular area and thoracic back. She has not had any history of trauma. She had pretty significant bout of this beginning around 08/11. She denies any hist	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; Went to ED Thursday; had episode at work, spasm in hand, left, then sharp pain up arm AP lateral cervical spine series demonstrates a consolidated C4-C5, C5-C6 ACDF construct. There is some mild degenerative disk disease at the adjacent segment at C3-C	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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.; X-rays today show degenerative changes throughout the cervical spine with spondylolisthesis at C4 on C5	

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; <Enter Additional Clinical Information>; No, the patient does not have new or changing neurological signs or symptoms.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Chief Complaint	
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; She had a car accident in Searcy 7/12/17. She was a restrained passenger, vehicle was struck in the passenger side. Pain is severe in intensity and aching, burning, dull, piercing, sharp, throbbing in nature. Pain is getting worse. Pain radiates into ; No, the patient does not have new or changing neurological signs or symptoms.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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?	1
Orthopedics	Approval	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.	2

Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Unknown .; 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.; HISTORY: Ms. Puente returns today having had a nerve test from Dr. Morse 07/24/2017, that revealed a normal NCV of bilateral upper extremities. EMG was also normal. She brought C- Unknown; 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 not seen the doctor more then once for these symptoms.	1
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	would like mri's done ASAP; This study is being ordered for a neurological disorder.; December 2016; There has been treatment or conservative therapy.; pain, numbness and tingling from low back radiating to knee on right	
Orthopedics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		
Orthopedics	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."	1

Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	<p>; This study is being ordered for a neurological disorder.; 3 years ago but has gotten worse within the last year with Urinary retention; There has been treatment or conservative therapy.; Approximately a year and a half ago this patient developed urinary retention. She was forced to self catheterize for 11 months and gradually retaining tenacity of her bladder. She still has some difficulty with this. She is also noted tingling sensatio; NSAIDS, RICE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	<p>; 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</p>	1
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	<p>Abnormal thoracolumbar x-rays; This study is being ordered for Congenital Anomaly.; Patient evaluated initially on 05/24/17; It is not known if there has been any treatment or conservative therapy.; Severe right side scoliosis with a very prominent thoracic hump and rotational deformity</p>	1

Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	EVAL OF HIS SCOLIOSIS THAT WAS FIRST NOTES BY HIS PCP ON A SCHOOL PHYSICAL, WHO GOT X-RAYS AND THEN SENT TO THE ORTHO CLINIC FOR FURTHER EVAL AND TREATMENT; This study is being ordered for Congenital Anomaly.; UNKNOWN; There has been treatment or conservative therapy.; UNKNOWN; 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
Orthopedics	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.; 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.; MRI of the lumbar spine which essentially was normal except at about L1 up and out of the field of the MRI she had some dilatation of the spinal canal. Radiology recommended further study of this area.	1
Orthopedics	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

Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	PRE-OPERATIVE.	
			Removal of hardware; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/29/2017; There has been treatment or conservative therapy.; Pain from time to time. Painful Hardware.; Surgery with Rod place 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	
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		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.; Patient is weak in the quad muscles; The patient is experiencing or presenting symptoms of lower extremity weakness documented on physical exam.	
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		1

Orthopedics	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.; The patient is not experiencing sensory abnormalities such as numbness or tingling.; AP and lateral of the entire spine and cervical spine were reviewed. Entire spine imaging shows evidence of a proximal cervical deformity and a mild lumbar deformity. There is instrumentation in the mid thoracic spine. Lateral imaging shows hypokyphosi; The patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
Orthopedics	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.; 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.	2
Orthopedics	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.	3

Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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 patient is not experiencing or presenting symptoms of abnormal gait, lower extremity weakness, asymmetric reflexes, fracture, radiculopathy or bowel or bladder dysfunction.	1
Orthopedics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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?	1
Orthopedics	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 asymmetric reflexes.	1
Orthopedics	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
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		1

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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 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.; degenerative disc disease, severe sciatica on right side	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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 weakness.; 5 out of 5 strength , decreased sensation in R 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
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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 weakness.; 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.	1

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	3
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	4
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 03/14/2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; SURGERY	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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 been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; pt	

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>; 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.; 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 used moist heat with stretching exercised to follow with any benefit.</p>
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<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.</p>
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<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 weakness.; 3+/5 strength left lower extremity. Patellar tendon</p>

Orthopedics

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.; Mild right hip flexion weakness on exam.; 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

Orthopedics

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 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 started physical therapy however because of cost was not able to continue, so dr had her do the physical therapy recommended home exercise plan for 6 weeks.

1

Orthopedics	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 not directed conservative treatment for the past 6 weeks.	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; 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.; Orthopedic exam: 	
Orthopedics	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	3
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; 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.	1

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>; This study is being ordered for a neurological disorder.; 3 years ago but has gotten worse within the last year with Urinary retention; There has been treatment or conservative therapy.; Approximately a year and a half ago this patient developed urinary retention. She was forced to self catheterize for 11 months and gradually retaining tenacity of her bladder. She still has some difficulty with this. She is also noted tingling sensatio; NSAIDS, RICE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>; This study is 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.;;</p>	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	<p>; 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</p>	1

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	56 years old, male, who presents to my clinic for the first time complaining of pain at the right lower extremity and right hip. The pain is originated at the lumbosacral area then radiates to the lateral and trochanteric area, also some variation at the; 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.	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	abnormal gait, constant pain, burning going down the back of his legs, numbness; This study is being ordered for trauma or injury.; 4/12/17; There has been treatment or conservative therapy.; lower back pain, radiculopathy; medications, steroids, muscle relaxers, PT, injections	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Abnormal thoracolumbar x-rays; This study is being ordered for Congenital Anomaly.; Patient evaluated initially on 05/24/17; It is not known if there has been any treatment or conservative therapy.; Severe right side scoliosis with a very prominent thoracic hump and rotational deformity	1

Orthopedics

Approval

72148 MRI LUMBAR
SPINE OR LOW BACK
WITHOUT CONTRAST
72148 MRI LUMBAR
SPINE OR LOW BACK
WITHOUT CONTRAST

AP and lateral of the lumbar spine taken today were compared to imaging taken last year. It is evident to me that there is been some progression of the spondylolisthesis that has occurred at L4-5. It appears to be a grade 1 at this point in time. She h; 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.

Orthopedics

Approval

Assessment:

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	At this point I made it clear that the surgical intervention that would most appropriately address his issue is a posterior spinal fusion at L4-5. I expressed my concerns however with regard to his nicotine exposure given that he smokes at least a pack p; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; AP and lateral of the lumbar spine show a degenerative spondylolisthesis at L4-5 with approximately 9 mm anterolisthesis in the standing position. There is also some amount of degenerative change at L5-S1 but no evidence of instability. A supine MRI fro; 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
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	bypassed. will fax in; 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	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Caller is bypassing clinical questions and faxing in clinical.; 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	1

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Dr. Barnes has explained that this level of inflammatory response for bursitis is not common, though she does have a history of rheumatoid. He would like to obtain an MRI to evaluate further. Would not consider injection without further evaluation of the; This study is being ordered for Inflammatory/ Infectious Disease.; 07/12/2017; There has been treatment or conservative therapy.; BILATERAL hip pain; trochanteric bursitis on the left side; bursitis pain developing on the right as well. left worse than right;fluid collection palpated bilaterally; weight loss;	
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	EVAL OF HIS SCOLIOSIS THAT WAS FIRST NOTES BY HIS PCP ON A SCHOOL PHYSICAL, WHO GOT X-RAYS AND THEN SENT TO THE ORTHO CLINIC FOR FURTHER EVAL AND TREATMENT; This study is being ordered for Congenital Anomaly.; UNKNOWN; There has been treatment or conservative therapy.; UNKNOWN; 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
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	failed x rays and r/o lumbar causing pain, pt pain level 8; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	FAX; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	In general there is a diffuse demineralization seen on the AP view with a slight right-sided thoracolumbar scoliosis. On the lateral view there is less than a grade 1 non-isthmic spondylolisthesis of L4 on L5. There is osteophyte formation on the superior; 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.; Knee jerks and ankle jerks are depressed.	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	lbp w bilat leg pain and numbness; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; lbp w bilat leg radiculopathy, bilat ext pain, numbness, absent pulses, ddd; 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. lbp w rle radiculopathy, xrays show a probable hnp; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Document exam findings lbp w weakness,rle 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.	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		1

Orthopedics

Approval

72148 MRI LUMBAR
SPINE OR LOW BACK
WITHOUT CONTRAST

Left SI joint demonstrates left greater trochanteric bursitis continued and worsening pain despite the conservatives measures...these have all failed to provide any relief at all. She has even had rhizotomies with no long term effect being achieved.; This study is being ordered for a neurological disorder.; 01/17/2014 after falling. She has pain and weakness still despite multiple injections into the SI joint, Physical therapy, change in activity level and NSAIDS like aleve and then meloxicam. She has weakness will walking, changing position in bed while layi; There has been treatment or conservative therapy.; left lower back, buttocks and left hip pain. described as sharp and stabbing mostly in buttock region as well as hip . exacerbating factors and weightbearing as well as positional changes while laying down, keeps her up at night. She has radiating lower e; NSAIDS, multiple injections in Si joint as well as in greater trochantic bursa, physical therapy for well over eight weeks. Also change in activity has all failed. Symptoms getting worse. MRI ordered to see if she needs a referral to a spine specialist w

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Low back pain that radiates to both legs. Symptoms began in September 2016 after an auto accident. There has been no change in the symptoms with heat, rest, anti-inflammatory medication (Meloxicam) and muscle relaxers. On exam, Decreased lumbar extension; 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.	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	lumbar back pain for more than 12 weeks. Lumbar spine MRI to evaluate for right sided herniated disk.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	MRI is needed for pre surgical evaluation; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	MRI of lumbar spine ordered for chronic low back pain with radiating symptoms down one or both lower extremities, x-rays are non diagnostic. Symptoms getting worse despite Physical therapy for over 8 weeks and NSAIDS and change in activity level. Pain is; 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 numbness and tingling down one or both 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.	1
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Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Ms. Lunsford returns for follow up of her chronic low back pain which now is radiating into her left hip and proximal thigh. She has taken her Medrol Dosepak and Mobic. She has used heat therapy and she has also done physical therapy. I would recommend; 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
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Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	neuropathy in 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 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.; 0/2 reflexes	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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 not seen the doctor more then once for these symptoms.	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	PAIN SCALE (1-10): 8	
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient had L2-3 L3-4 decompression laminectomy on 2/17. Persistant lumbar pain with radiculopathy to the lower extremities. The patient has significant functional impairment. corresponding imaging studies that show nerve root impingement in the same a; The study requested is a Lumbar Spine MRI.; Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	1

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient has pain in the lower back and neck. pain is radiating to the right leg. pt has decreased mobility, numbness in upper extremities.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2/5/16; There has been treatment or conservative therapy.; Pain in lower back and neck with radiculopathy; medication, physical therapy and injections	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Patient is c/o pain becoming much more persistent and worse as the days go by; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 11-20-2016; There has been treatment or conservative therapy.; Residual left L5 radiculopathy. left buttock and leg pain; Medication, Epidural 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	1

Orthopedics

Approval

72148 MRI LUMBAR
SPINE OR LOW BACK
WITHOUT CONTRAST

Patient is experiencing cervical and lumbar neurological deficit. Chronic pain in cervical and lumbar area with severe pain radiating down back, arms, hips and legs. pain is described as burning, piercing and throbbing. Decreased sensation in upper and; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/11/2017; There has been treatment or conservative therapy.; Chronic and severe pain cervical and lumbar area, pain is radiated to arms, hips and legs. Decreased sensation in both upper and lower extremities; Nonsteroidal anti-inflammatory medication, lifestyle modification, spinal exercises, healing 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

Orthopedics

Approval

72148 MRI LUMBAR
SPINE OR LOW BACK
WITHOUT CONTRAST

Patient reports ___ years. He reports Constantly. He reports Average pain level over the last week 8/10. He reports Low back Both and Leg(s) Left. He reports Aching, Throbbing, Sharp, Shooting, Burning, and Tingling. He reports Abrupt onset. He reports ot; 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.; 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

Orthopedics

Approval

72148 MRI LUMBAR
SPINE OR LOW BACK
WITHOUT CONTRAST

Patient was not able to complete physical therapy due to pain. Has been taking Tramadol for over 2 years and Methocarbamol since 08/15/2017.; 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 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

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Post laminectomy through right laminotomy L4-5, for facet cyst with persistant right leg pain. Post left shoulder arthroscopy with persistant 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.; 4/12/2017; There has been treatment or conservative therapy.; severe right buttock and leg pain. Left shoulder pain with no range of motion; Medication, Steroid injections, eventually surgical intervention	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	PRE-OPERATIVE.	
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt has had physical therapy, and has taken ANSAIDS with 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.; 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.	1

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	pt has leg length discrepancy, lbp for several mths, pt has done ns aids and completed PT 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 weakness.; pt has leg length discrepancy, lbp for several mths, pt has done ns aids and completed PT with no relief.; 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
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt. had T3-L4 anterior-posterior fusion for scoliosis in 2015. Pt fell on the concrete onto her R buttock 3 weeks. still having severe pain in low back, right buttock and right leg. MRI to evaluate for L4-5 disc protrusion; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Removal of hardware; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 6/29/2017; There has been treatment or conservative therapy.; Pain from time to time. Painful Hardware.; Surgery with Rod place 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

Orthopedics

Approval

72148 MRI LUMBAR
SPINE OR LOW BACK
WITHOUT CONTRAST

Severe back pain that goes down both legs. Currently in pain management. X-ray shows increased narrowing at L5-S1 disc space compared to previous years. MRI is needed to decide what surgical intervention should be considered; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above

1

Orthopedics

Approval

72148 MRI LUMBAR
SPINE OR LOW BACK
WITHOUT CONTRAST

The patient has evidence of progressive weakness and loss of sensation to his lower extremities and has had 2 previous substantial injuries to his thoracolumbar junction. It is possible that there is residual, and in fact progressive effects from the con; This study is being ordered for trauma or injury.; 2007; It is not known if there has been any treatment or conservative therapy.; He had increasing thoracolumbar pain, and his legs have become progressively more weak and with increasing burning paresthesias. He has a hard time going up and down stairs now, and has little sensation to his feet. He also is having increasing difficul; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	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 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.; The patient has completed 6 weeks or more of Chiropractic care.	1
Orthopedics	Approval	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 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?	14
Orthopedics	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.; The patient does have a new foot drop.	2
Orthopedics	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.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new foot drop.	4

Orthopedics	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.; 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.	2
Orthopedics	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 completed 6 weeks of physical therapy?	18
Orthopedics	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.	1

Orthopedics	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 an Epidural.	1
Orthopedics	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 oral analgesics.; The patient has completed 6 weeks or more of Chiropractic care.	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.	1
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.	2

Orthopedics	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.; This procedure is being requested for Neurologic deficits	1
Orthopedics	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	181
Orthopedics	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	2
Orthopedics	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 x-ray indicating a significant abnormality	42
Orthopedics	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 completed Treatment with a facet joint or epidural injection in the past 6 weeks	2
Orthopedics	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)	61
Orthopedics	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 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.; 2/4	1

Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	would like mri's done ASAP; This study is being ordered for a neurological disorder.; December 2016; There has been treatment or conservative therapy.; pain, numbness and tingling from low back radiating to knee on right	
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	X-ray;	
Orthopedics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	X-rays have no collapse of the graft in the implants look well-positioned. However, she continues to have severe right buttock and leg pain. However recommend an MRI to rule out fluid collection such as hematoma or seroma. I recommend a CT to rule out; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 07/03/2017; There has been treatment or conservative therapy.; ; patient has underwent Lumbar Fusion since last Imaging. need new imaging for Post operative review.	1
Orthopedics	Approval	72192 CT PELVIS WITHOUT CONTRAST	; 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	1

Orthopedics	Approval	72192 CT PELVIS WITHOUT CONTRAST	; 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	2
Orthopedics	Approval	72192 CT PELVIS WITHOUT CONTRAST	Cyst in the bone	
Orthopedics	Approval	72192 CT PELVIS WITHOUT CONTRAST	End stage hip osteoarthritis. ER form received with pt xray disc. Dr Mertz reviewed her diagnosis of close fracture of sacrum, unspecified portion of sacrum.	
Orthopedics	Approval	72192 CT PELVIS WITHOUT CONTRAST	In summary, this patient has been treated for benign giant cell tumor of the right proximal femur with associated pathological fracture. I believe that a CT scan of the proximal femur is necessary to evaluate this region particularly as the patient conti; 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	Approval	72192 CT PELVIS WITHOUT CONTRAST	Ms. Robbins is a thirty-four year old who presents with coccygeal pain. She states this has been going on for several months. She denies a history of an injury. She has had mild aching in the low back but no significant back pain. She has had no radic; 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	1
Orthopedics	Approval	72192 CT PELVIS WITHOUT CONTRAST	Outside views of the pelvis and hip are reviewed and demonstrate a transverse fracture of the right acetabulum.	
Orthopedics	Approval	72192 CT PELVIS WITHOUT CONTRAST	Patient is experiencing numbness below the left knee. Provider suspects injury to the nerve and would like to make sure screws are stable and not in abnormal position.; 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	1

Orthopedics	Approval	72196 MRI PELVIS	; 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.	1
Orthopedics	Approval	72196 MRI PELVIS	; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	2
Orthopedics	Approval	72196 MRI PELVIS	; 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.	1
Orthopedics	Approval	72196 MRI PELVIS	abnormal gait, constant pain, burning going down the back of his legs, numbness; This study is being ordered for trauma or injury.; 4/12/17; There has been treatment or conservative therapy.; lower back pain, radiculopathy; medications, steroids, muscle relaxers, PT, injections	1
Orthopedics	Approval	72196 MRI PELVIS	Brittany Dooley is here for complaints of pain in and around the bilateral hips. She feels pain in the groin that has been worsening over the past weeks. She does not have lateral pain, back pain, or pain down the legs. No trauma history. CONTINUED FOLLOW UP FOR ABNORMAL GAIT.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/15/2017; There has not been any treatment or conservative therapy.; LIMPING, GAIT ABNORMALITY, GREIG SYNDROME	1

Orthopedics	Approval	72196 MRI PELVIS	Dr Ball wants to rule out a muscle tear; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Orthopedics	Approval	72196 MRI PELVIS	On physical examination, there is tenderness around the left iliac crest to the left SI joint. Tender at the lumbar spine. ROM of the left hip is mildly restricted and a little irritable at the extremes of rotation. Mildly positive SLR. Sensation is intact; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Orthopedics	Approval	72196 MRI PELVIS	Patient complaining of pain radiating from hip to foot. Patient states right hip pain increases with movement. Patient is positive for numbness in foot/leg, weakness/instability, difficulty walking, slipping, and joint pain.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Orthopedics	Approval	72196 MRI PELVIS	The Ct of the pelvis showed possible osteonecrosis and an MRI is the best tool to determine if this is the case.; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Orthopedics	Approval	72196 MRI PELVIS	The pain is worse with use and better with heat. Pt reports she has been doing p/t and it helped at first, but is no longer helping. Pt takes IBU and naproxen and reports they help some. Strength is appropriate across the hip given the discomfort. There ; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Orthopedics	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.	4

Orthopedics	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	5
Orthopedics	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	2
Orthopedics	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic disease?	3
Orthopedics	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.;	2
Orthopedics	Approval	73200 CT ARM OR UPPER EXTREMITY	The study is being ordered for bilateral hip avascular necrosis.	2
Orthopedics	Approval	73200 CT ARM OR UPPER EXTREMITY	< 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.; 01/01/2017; 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	1
Orthopedics	Approval	73200 CT ARM OR UPPER EXTREMITY	There is a history of upper extremity joint or long bone trauma or injury.;	1
Orthopedics	Approval	73200 CT ARM OR UPPER EXTREMITY	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.; Yes this is a request for a Diagnostic CT	58
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 preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	15
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 neoplasm or tumor or metastasis.; 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	8
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 suspicion of upper extremity neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	2
Orthopedics	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT		1

Orthopedics	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;;	1
Orthopedics	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	rule out brachialis strain vs chronic tear; This study is being ordered for trauma or injury.; 9/1/2016; There has been treatment or conservative therapy.; left lateral distal upper arm pain, tingling in hand and arm, modified Adson test, with his arm pronated he does have pain with resisted elbow flexion, tenderness over the distal brachialis just above the elbow crease on the lateral side of the arm; rest, ice, 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	1
Orthopedics	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	She had bilateral hand x-rays, shows prominent styloids; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/06/2017; There has not been any treatment or conservative therapy.; Pain in hand and wrist; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	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.	45
Orthopedics	Approval	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 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.	16
Orthopedics	Approval	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 not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	3
Orthopedics	Approval	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.	4
Orthopedics	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	This is a pleasant Caucasian female who comes in today for follow-up. She was seen initially by Dr. Chi 6/29/17. She was referred to us because of history of diffuse joint pain. He she does have hypothyroidism and maintains on thyroid replacement 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.; 06/29/2017; There has been treatment or conservative therapy.; pain and swelling; pt	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY		6
Orthopedics	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 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	< 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.	1
Orthopedics	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 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 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.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>&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;;</p>	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>&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</p>	2

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>&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.; 05/19/2017; There has been treatment or conservative therapy.; Neck pain, Limited range of motion, Radicular pain in arms. Weakness in hands, Difficulty sleeping.; 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</p>	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>&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.; 05/30/2017; There has been treatment or conservative therapy.; shoulder pain , , Hawkins signs bilateral, tenderness , pain with motion; home stretches , anti inflammatory medications</p>	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>&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.; 1/2017; There has been treatment or conservative therapy.; LACK OF MOTIN,, POPPING, LOST OF SLEEP; INJECTIONS, MEDICATIONS</p>	2

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< 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.; 2 months ago; There has been treatment or conservative therapy.; Swelling, popping, locking, pain in elbow; HEP, medication	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< 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.; several months; There has been treatment or conservative therapy.; pain affecting sleep, lifting and driving makes pain worse, on exam had assisted motion better than active motion; home exercise program and injection, (no relief)	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 03/10/2017; There has been treatment or conservative therapy.; limited range of motion, and tenderness over joints, decreased strength; oral medications , braced, therapy, xrays, at home exercise < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 6/17/2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Wrist brace	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 6/17/2016; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; Wrist brace	2

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; march 2017; There has been treatment or conservative therapy.; pain in the neck and shoulder; physical therapy	1
Orthopedics	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 not directed conservative treatment for the past 6 weeks.	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; 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.	1
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.	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; 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.; ; The patient received oral analgesics.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; 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	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for a neurological disorder.; FEBRUARY 6, 2016; There has been treatment or conservative therapy.; NECK PAIN WITH BILATERAL UPPER EXTREMITY RADICULOPATHY, IMPINGMENT SYNDROME, BILATERAL ROTATOR CUFF TENDONITIS. CANT LIFT ARMS ABOVE HEAD, NUMBNESS AND TINGLING DOWN BOTH ARMS.; NSAIDS , CHANGE IN ACTIVITY LEVEL, STEROID INJECTIONS, ICE/ HEAT, HOME EXCERCISE PROGRAMS, PHYSICAL THREAPY.	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for a neurological disorder.; June of 2017; There has been treatment or conservative therapy.; neck pain, right shoulder pain and muscle weakness of the right hand. This individual states that he initially injured his right shoulder and neck some 25 years ago when he was working as an electrician. At that time apparently some scaffolding fell out; NSAIDS and Home Exercise program by PCP; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.;;	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for Inflammatory/ Infectious Disease.; 5/24/2017; There has been treatment or conservative therapy.; Back pain, shoulder pain, tenderness at AC joint upon examination. Pain with motion.; Physical therapy and Depo-Medrol injection	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER 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.; 4/01/2017; There has been treatment or conservative therapy.; right shoulder pain at night and at rest.	
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	07-10-17	
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	07-19-17	
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	08-14-17	
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	09-12-17:	

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Adhesive capsulitis, rule out 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.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; Meloxicam; The patient received medication other than joint injections(s) or oral analgesics.	1
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Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	After long discussion we are going to see about an MRI of the right shoulder. We are going to do this as an MRI arthrogram but she is kind of freaked out about the injections. We are going to hold off on that. We hold off on formal physical therapy. ; 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.	1
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Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	At this time we will plan an MRI of the patient's right elbow. He also has some soreness about the distal biceps tendon without a full-thickness tear. Recommend oral anti-inflammatories and continued restrictions. We will see the patient back in clinic; The pain is described as chronic; The member has not 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.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Bilateral shoulder pain. Suspected advanced Osteoarthritis. MRI to rule out additional derangement before proceeding with surgical treatment.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	c/o rotator cuff tear, numbness in arms and hands, decreased rom, happening for months; 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.; It is not known if the The home treatment included exercise, prescription medication and follow-up office visits.; The patient received oral analgesics.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Chief Complaint	
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Enter answer here - or Type In Unknown If No Info Given	

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Evaluate for ulnar collateral ligament injury or subluxation with lateral epicondylar evulsion type injury or 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 is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	He had a fall in July 2016. He was given a steroid injection by his previous doctor on 7/31/17. He has pain with overhead motion and with most activities. He has pain on the superior aspect. MRI is being ordered for pre-operative planning for right acromi; 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
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	He had injury two months ago, positive AC joint compression test, positive Hawkins, Medrol dose pack, steroid injection and not getting any better.; 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

He has a known full thickness subscapularis tear, near full thickness supra- and infraspinatus tears, and longhead bicep tendon rupture. He has had pain since 2013. We need a new MRI to evaluate for rotator cuff muscle atrophy.; 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.; He has been doing home exercises and strengthening and taking medication for the pain. He has tried Lyrica, Hydrocodone, Ibuprofen, Tramadol. He has had pain since May 2013 after hearing a snap while lifting weights.; The patient received oral analgesics.

1

Orthopedics

Approval

73221 MRI JOINT OF
UPPER EXTREMITY

i have no other information it is a much needed mri; This study is being ordered for a neurological disorder.; March 2017; There has been treatment or conservative therapy.; weakness; pain radiating to dorsal forearm; radiating to volar forearm (down to hand); steroid injections anti-inflammatories 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

2

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	IMPRESSION:; injury to 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.; unknown; There has been treatment or conservative therapy.; pain in left shoulder.; 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
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Jobe: positive;	
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	knee- meniscus 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.; 06/2017; There has been treatment or conservative therapy.; knee- joint line tenderness	

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Larry Harris is a very pleasant 59-year-old right-hand dominant gentleman referred here by Dr. Mian for evaluation of traumatic injury he sustained to the left arm on 6/5/2017. Patient states he was pulling a basket we will turn when he was hit by the op; 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.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	left shoulder pain and neck pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	loss of strength in left shoulder; 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	MRI is ordered for suspected rotator cuff tear. Left shoulder pain began around January 2017 when she was slammed into a door. She has a burning constant pain on the superior aspect that radiates into the scapula and neck. She has pain when lifting and ra; 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	no conservative treatment; 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. Origin of pain is difficult to determine due to difficulties during physical examination, it is very painful.; The pain is from an old injury.; The member has not 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.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Patient has a recent onset of right shoulder pain d/t recent injury. Patient has decreased ROM and severe tenderness.; 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	Patient has been taken Diclofenac for the pain with no relief.; 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.	1

Orthopedics

Approval

73221 MRI JOINT OF
UPPER EXTREMITY

patient is s/p Right shoulder scope with labral debridement, SLAP repair and open RTC repair on 3.20.17, patient recently had a fall and has had pain and difficulty lifting the arm since the fall, MRI it to assess the repair; 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	<p>Patient states he has been told previously that shoulder pain was due to glenoid hypoplasia. X-rays taken today reveal glenoid hypoplasia medial to coracoid and type 3 acromion. MRI is ordered of both shoulders to evaluate muscles and tendons and soft tis; This study is being ordered for Congenital Anomaly.; Unknown; There has been treatment or conservative therapy.; Limited range of motion in both shoulders. Pain in both shoulders. Constant numbness and tingling in both hands and all fingers. Tenderness on anterolateral acromion bilaterally. Bilateral exams are positive for impingement sign.; He has tried NSAIDS, topical pain relief creams, anti-inflammatories, Hydrocodone, Ultram, Zanaflex. He has tried acupuncture and epidural steroid injections in the past and has tried heat and ice. Prior treatments have not offered much 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</p> <p>Patient's pain did not respond to conservative treatment; This study is being ordered for Inflammatory/ Infectious Disease.; 5/20/2017; There has been treatment or conservative therapy.; right shoulder and arm pain and popping; Nsaids and steroid injection</p> <p>Pt was in a motor vehicle accident on 7/20. Rt shoulder was dislocated. Once released from ER, patient to follow up with ortho specialist to review MRI results.&#x0D;</p>	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY		1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY		

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Pt with shoulder pain. The date of her injury was back in May, falling from a horse, landing with her arms crossed in front of her. 	
			R/O 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.; 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.; Unsuccessful outcome, about a month; The patient received oral analgesics.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Recurrent shoulder dislocations; This study is being ordered for trauma or injury.; 05/29/2015; There has been treatment or conservative therapy.; Shoulder dislocations; Physical therapy and NSAIDs	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Right shoulder pain for three years having multiple dislocations. Hill Sachs lesion is seen on x-rays. He has intermittent pain with certain positions. He has numbness and tingling in the hand and fingers after dislocations. He has positional pain at night; 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	RIGHT shoulder pain secondary to subacromial impingement/bursitis/	

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Rule out a left shoulder rotator cuff tear. Surgery is not scheduled until confirmation of rotator cuff tear. May schedule surgery soon for rotator cuff repair if indicated on MRI. Patient injured her left shoulder on 08/27/2017, 3 weeks ago, holding onto; 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	rule out brachialis strain vs chronic tear; This study is being ordered for trauma or injury.; 9/1/2016; There has been treatment or conservative therapy.; left lateral distal upper arm pain, tingling in hand and arm, modified Adson test, with his arm pronated he does have pain with resisted elbow flexion, tenderness over the distal brachialis just above the elbow crease on the lateral side of the arm; rest, ice, 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	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Rule out rotator cuff tear right shoulder. Surgery will be indicated if MRI reveals a rotator cuff tear. Rotator cuff tears are time sensitive to repair. It will not heal with conservative treatment.; 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	She had bilateral hand x-rays, shows prominent styloids; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 09/06/2017; There has not been any treatment or conservative therapy.; Pain in hand and wrist; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	73221 MRI JOINT OF UPPER EXTREMITY	shoulder strain on 5.20.17, pt not improving with rest and nsaid, dec and painful rom; 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 not directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Surgery is not scheduled yet but will be if she has a rotator cuff tear or other internal derangement that requires a right shoulder arthroscopy. Need MRI to confirm. Rotator cuff tears are time sensitive to repair before fatty atrophy of tendon and become; 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 or arthroscopy is scheduled in the next 4 weeks.; The member has surgery planned.; This is a request for an elbow MRI; The study is not requested for evaluation of elbow pain.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has surgery planned.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	tenderness, dec ROM, + neer and + Hawkins test, r/o 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.; 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.; activity modification and strengthening exercise; The patient received oral analgesics.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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.	5
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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 is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	4
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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.	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is from an old injury.; 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.	8
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The patient's history and exam are c/w a possible 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.";	
Orthopedics	Approval	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."; < Enter answer here - or Type In Unknown If No Info Given. >	7
Orthopedics	Approval	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."; 41-year-old does computer work with B CBS and is known to me from repair of a massive SLAP tear 1 year ago. 4 anchors were required and right shoulder and placed at 4:00 2:00 12:00 and 10:00. She recovered beautifully and did not return for follow-up appo	3
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY		1

Orthopedics	Approval	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."; Adam Robertson was seen for evaluation of 8/14/2017 right shoulder acromial clavicular separation after falling off his tractor and landing hard on the ground. He was initially evaluated by Dr. Massanalli. 	
Orthopedics	Approval	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."; complaints of right 6/10 shoulder pain that started 2 month(s) ago. Pain is intermittent and sharp in nature. Pain does seem to radiate down to the middle of the arm. Pain is aggravated by attempted movement overhead and with sleeping on the involved side	1
Orthopedics	Approval	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."; EVALUATE A ROTATOR CUFF TEAR	1

Orthopedics	Approval	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."; Mr. Loyd is a 27-year-old right-hand-dominant, Caucasian male seen today for treatment recommendations regarding right shoulder pain. He had an onset of shoulder pain in 2008 while playing football. It worsened this year when he was involved in an MVA. He	1
Orthopedics	Approval	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."; patient has had chronic left shoulder problems. it has progressed to the point wher he is having trouble raising his left upper extremity and has constant pain. Motion is very weak and painful on testing and supraspinatus isolation. impingement provoca	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>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 significant amount of pain with movement. Cross body adduction is very painful. Pain with internal rotation and impingement provocative maneuvers. rotator cuff is very weak. Assessment is glenohumeral joint osteoarthritis with rotator cuff</p>	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>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 is 6 weeks out left shoulder dislocation. Still has significant discomfort and pain primarily at night. Patient was sent to therapy for gentle range of motion exercises and she states it really bothers her. Patient has also tried Medrol dose pack</p>	1

Orthopedics	Approval	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."; Patient is having severe pain in the bilateral neck, shoulder and arm. The pain is radiating to her arms, back and hands with tingling in the legs. Weakness and numbness in neck, shoulder and arms. Symptoms include, decreased mobility, spasms, tenderne	1
Orthopedics	Approval	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."; Persistent pain and weakness left shoulder after injury is of concern for significant rotator cuff pathology. Has some posterior labral tests.	
Orthopedics	Approval	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 complaining of R shoulder pain. Not able to raise the arm over his head. weakness in his R arm and shoulder	1

Orthopedics	Approval	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 had a new injury to the shoulder on 6/26/17 when he fell off a 5 foot ladder, concerned about a rotator cuff tear and retraction. r/o an acute tear which may lead to surgery to prevent further retraction.	1
Orthopedics	Approval	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 had previous rotator cuff repair and pt had recent fall may have re tore	1
Orthopedics	Approval	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 had right shoulder rotator cuff repair in Sept. of 2016. Pt has a recurrent tear in her rotator cuff after picking up her granddaughter.	1
Orthopedics	Approval	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."; Right Shoulder Impingement syndrome	1

Orthopedics	Approval	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."; Right shoulder pain concerning for rotator cuff tear	1
Orthopedics	Approval	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."; Right shoulder rotator cuff tear.	1
Orthopedics	Approval	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."; right shoulder tendonitis	1
Orthopedics	Approval	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."; rotator cuff tear	1
Orthopedics	Approval	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."; SLap tear.	1

Orthopedics	Approval	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."; suggest supraspinatus rotator cuff	1
Orthopedics	Approval	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."; Suspected R Rotator Cuff Tear. 	
Orthopedics	Approval	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."; Suspicion of lesions	1
Orthopedics	Approval	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."; unknown	1
Orthopedics	Approval	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."; X-ray was normal	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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.;	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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.;; To rule out a rotator cuff tear, right	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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.;; To Rule out rotator cuff tear, right	1
Orthopedics	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 an orthopedist.	375
Orthopedics	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 not completed and failed a course of conservative treatment of at least 4 weeks.;	7
Orthopedics	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 not completed and failed a course of conservative treatment of at least 4 weeks.;; < Enter answer here - or Type In Unknown If No Info Given. >	2

Orthopedics	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 not completed and failed a course of conservative treatment of at least 4 weeks.; . Patient is a 53-year-old white female who was involved in a motorcycle crash approximately 3 months ago in Chattanooga. She sustained a right grade 3 open distal femur fracture. She had a Masquelet technique with antibiotic cement spacer placed along wi	1
Orthopedics	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 not completed and failed a course of conservative treatment of at least 4 weeks.; 07-19-17	
Orthopedics	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 not completed and failed a course of conservative treatment of at least 4 weeks.; Bilateral shoulder pain with left greater than right shoulder pain. The left shoulder pain is associated with biceps tendon after ___ superior pectoral tendon. There is a very large interference screw. The right shoulder pain may be due to overuse and impi	1
Orthopedics	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 not completed and failed a course of conservative treatment of at least 4 weeks.; HISTORY OF PRESENT ILLNESS: Referred here today for a left shoulder injury. He did this lifting a heavy object 2 weeks ago. He felt a pop in his left shoulder and has had pain and weakness since that time. He had no previous symptoms. He has tried rest wi	1

Orthopedics	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 not completed and failed a course of conservative treatment of at least 4 weeks.; I have told her it is possible that she has reruptured her cuff. Her original surgery was about 12 years ago.I think is wise to go ahead and repeat the MRI on her right shoulder and see if the cuff has reruptured.	1
Orthopedics	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 not completed and failed a course of conservative treatment of at least 4 weeks.; Limited range of motion. Possible rotator cuff tear	1
Orthopedics	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 not completed and failed a course of conservative treatment of at least 4 weeks.; MRI Right Shoulder - Dr. Barnes has explained that it is possible that she has a cartilage tear versus rotator cuff injury. We could watch this, but as she is young and she has an infant to care for, she may wish to establish a more definitive diagnosis	1
Orthopedics	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 not completed and failed a course of conservative treatment of at least 4 weeks.; Ms. Jackson is a 29-year-old female seen today for routine follow-up of her right shoulder. She is 4 months status post right shoulder arthroscopy with anterior stabilization. Date of surgery was March 7, 2017. She was last seen 2 month and was progressin	1

Orthopedics	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 not completed and failed a course of conservative treatment of at least 4 weeks.; Pain with overhead activity specifically located at the AC joint. Patient has been experiencing pain for approximately 2 months. Pain began after a heavy lifting event.	1
Orthopedics	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 not completed and failed a course of conservative treatment of at least 4 weeks.; patient is starting physical therapy but the physician wants an MRI to rule out mild right subacromial impingement and concern for left infraspinatus tear vs tendinitis. He also has some scapular dyskinesia on the left	1
Orthopedics	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 not completed and failed a course of conservative treatment of at least 4 weeks.; Pt has positive NEERS TEST AND POSITIVE HAWKINS TEST.	1
Orthopedics	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 not completed and failed a course of conservative treatment of at least 4 weeks.; The patient fell on concrete on 7-24-2017. She was seen at Sherwood Urgent Care where x-rays of the shoulder showed a possible Hill-Sachs lesion in the humeral head. She was placed in a sling and referred to us for further treatment. The symptoms have sl	1

Orthopedics	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 not completed and failed a course of conservative treatment of at least 4 weeks.; This patient is new here. She is 45 years of age and lives in Jonesboro. She is involved in a serious automobile accident in November 2015. She incurred injuries to her left shoulder left humerus her left elbow and her hand. She was treated nonoperati	1
Orthopedics	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 not completed and failed a course of conservative treatment of at least 4 weeks.; Unknown	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered due to trauma within past 72 hours.; It is not known if the patient has had recent plain films of the shoulder.; painful pop, pain over biceps	1
Orthopedics	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.	10
Orthopedics	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 NOT experiencing joint locking or instability.; The patient has a documented limited range of motion on physical examination.	1

Orthopedics	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.	5
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for post-operative evaluation.; The ordering physician is an orthopedist.	13
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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 being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."	2
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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.).";	5
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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.)."; Approximately 4 months ago this individual slipped and fell directly on her left shoulder. She noted the immediate onset of bruising and pain in her left shoulder. She was unable to elevate the arm for a period of time. She will to her chiropractor to	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>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.)."; Crossarm adduction is painful posterior. Posterior relocation test is positive. Sulcus sign is positive. Anterior apprehension sign is mildly positive. &#x0D;</p>	
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>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 the pain has slightly improved with therapy, but he is still having numbness and tingling down his arm when in a resting position. He states he does not have any neck pain</p>	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>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.)."; Patient can voluntarily sublux his shoulder anteriorly. Furthermore as he brings his arm across his chest is subluxed posteriorly as well. Sulcus maneuver is positive. X-RAYS:</p>	X-rays of the

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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 Rotator Cuff Syndrome
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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 for 1 month. No specific injury noted. No associated numbness or tingling. 
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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 for 5 months. No pain at night. Some occasional numbness and tingling. She points anteriorly as the area that is most painful. 
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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.)."; S/P RCR back on Nov 29 of 2016.

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>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.)."; Scapular plane strength diminished painful. X-rays: X-rays of the right shoulder show acromioclavicular arthritis. Slight roughening of the superior aspect of the humeral head.</p>	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>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.)."; Shoulder pain after Surgery on 03/23/2017. Patient has been taking Celebrex with no relief, He has also done therapy and now pain is worse.</p>	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>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.)."; Strength: Supraspinatus/Infraspinatus/Subscapularis mildly weak/mildly weak/strong &#x0D;</p>	

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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 overhead activity and reaching behind and better with rest and medications. No therapy/injections up to this point. Pt takes Plavix and Mobic. 	
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.;	5
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Acute and probably large right rotator cuff tear.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Enter answer here - or Type In U Right shoulder pain.	
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Enter answer here - or Type In UChief Complaint The patient is a right handed 59 year old male seen today for the right shoulder and right upper arm. Pain is moderate with a rating of 8/10. He describes the symptoms as sharp. The symptoms come and go. Sin	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Enter answer here - or Type In UnHistory: Mr. Webb is a 60-year-old male who comes in with a chief complaint of pain in his left shoulder. He has had pain for couple of months. He is not aware of any trauma. He has had no formal treatment. He is havi	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Enter answer here - or Type In Unk	
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Enter answer here - or Type In Unknown	
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Enter answer here - or Type In UnMs. Hall comes in for her right shoulder. She was last seen on 03/30/2017. She has had a corticosteroid injection. She has had physical therapy. She says her symptoms have recurred. She said she was doing some lifting	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Enter answer here - or Type IThe patient is a right handed 19 year old male seen today for the left shoulder. Pain is moderate with a rating of 5/10. He describes the symptoms as sharp. The symptoms are constant. Since the onset, he reports the problem is	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; EXAMINATION: The left shoulder has tenderness to palpation anteriorly over the bicipital groove. Some pain with full flexion. He has no instability. Negative sulcus test and negative empty can. Weak positive O'Brien test.&#xOD;	
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Follow-up right shoulder: The patient has history of subacromial impingement. We have previously treated this with anti-inflammatory medication i.e. meloxicam, physical therapy and corticosteroid injection. The patient reports approximately one week of re	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; His ultrasound today shows large concern for a tear of his subscapularis tendon. We will need an MRI to better evaluate the extent of his injury.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; History of Present Illness:	
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; History of Present Illness:	
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; History of Present Illness:	
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Left shoulder pain: The patient is a 47-year-old male who presents with shoulder pain from an injury	
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; MRI being ordered due to suspected tendon injury or tear.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; No response to conservative treatment of anti-inflammatories, steroid injection, and home exercise program. Suspected labral tear, MR arthrogram needed to rule out prior to surgical intervention.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Pain onset 6 months ago no injury. X-ray showed mild arthritis glenohumeral joint, Moderat AC joint narrowing with osteophytes. The patient had neurology consult which was negative. He has had steroid injection in shoulder, rest/ICE n/saids and pain medic	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Pain since 2014. Evidence on previous MRI of labral pathology. Need an updated MRI today before continuing with surgery to compare to previous and know what to expect when we enter arthroscopically.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; patient had a possible dislocation while skiing in December . Has had increased pain with dls.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Patient has a suspected rotator cuff tear and the physician needs an MRI for surgical decision. Patient would need to have a repair if the rotator cuff is torn.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Patient has positive hawkins	

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Pt fell on her shoulder on July 4,2017.She had a normal x-ray , her exam shows forward flexion to 120, abduction to 90 passively with pain. She has limited range of motion, we are trying to find rotator cuff tear.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; pt is not able to sleep due to pain. Associated symptoms: back pain, decreased range of motion, fatigue, muscle weakness, neck pain and stiffness. symptoms duration is 3 weeks. Positive for activity change and fatigue. currently on Cyclobenzaprine 10 mg f	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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 biceps tendinitis with injury. failed conservative treatment. decreased ROM. AC sprain with suspected rotator cuff tear and labral tear. catching, clicking and popping in shoulder. preoperative evaluation	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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 x 8 weeks limited range of motion and with pain preoperative evaluation	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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 48-year-old female who has experienced right shoulder pain for approximately one month now. She denies past injury to the shoulder or overuse. She does not complain of radiation of pain numbness or tingling. The pain	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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 repair, possibly re torn	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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 repair, possibly re torn.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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 Syndrome	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Rule out labral tear- preoperative planning.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Rule out rotator cuff tear	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; She has a history of right shoulder SLAP repair in 2012	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; she has a slap tear the doctor is going to fix he said he needs mri to see what else is going on in there so he can fix anything else that is wrong	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; shoulder dislocation possible SLAP tear needs mri to evaluate and treat for possible surgery	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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 for 6 months. 	
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Superior glenoid labrum lesion	
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; suspected Biceps tendon rupture, SLAP Tear	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; suspected labral tear;	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; There is difficulty with overhead activity Passive glenohumeral abduction is 80°;	
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.; Visit Note - August 15, 2017°;	
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is not being ordered prior to arthroscopic surgery.; "This study is being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."	3
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for suspicious mass/tumor/metastasis.; It is not known if there are physical findings of a palpable mass or a 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 results of the plain films is not known.; BREAST CANCER PATIENT; LYMPHEDEMA AND SWELLING SINCE 1/2017; CONTRCTURE RIGHT WRIST ROM RUE; The patient has not had a recent CT of the shoulder.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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.	2

Orthopedics	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.; 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).	3
Orthopedics	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 completed 6 weeks of physical therapy?	27
Orthopedics	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 received joint injection(s).	4
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 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.	10
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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?	10

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>The right shoulder is examined in detail. He does have tenderness to palpation laterally in the subacromial space and full passive range of motion. He has guarding with forward flexion past 100 degrees and guarding with abduction past 90 degrees. No in; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthrscopy 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.</p>	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>This is a pleasant Caucasian female who comes in today for follow-up. She was seen initially by Dr. Chi 6/29/17. She was referred to us because of history of diffuse joint pain. He she does have hypothyroidism and maintains on thyroid replacement 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.; 06/29/2017; There has been treatment or conservative therapy.; pain and swelling; pt</p>	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>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.</p>	21

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>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.</p>	20
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>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 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 been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.</p>	1

Orthopedics

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 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.

2

Orthopedics

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 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 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

Orthopedics

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 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.

8

Orthopedics

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 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.

2

Orthopedics

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 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.

6

Orthopedics

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 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.

7

Orthopedics

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 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 being ordered by the operating surgeon for pre-operative planning.

4

Orthopedics

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 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.

2

Orthopedics

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 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.

14

Orthopedics

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 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.

1

Orthopedics

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 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 being ordered by the operating surgeon for pre-operative planning.

1

Orthopedics

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 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.

9

Orthopedics

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 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.

1

Orthopedics

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 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

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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.	5
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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 been treated with and failed a course of four weeks of supervised physical therapy.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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 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 been treated with anti-inflammatory medication in conjunction with this complaint.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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.	3
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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.	3
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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 experienced pain for greater than six weeks.	2

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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 does not have a documented limitation of their range of motion.; The patient has experienced pain for greater than six weeks.	5
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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.	1

Orthopedics

Approval

73221 MRI JOINT OF
UPPER EXTREMITY

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.

4

Orthopedics

Approval

73221 MRI JOINT OF
UPPER EXTREMITY

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.

4

Orthopedics

Approval

73221 MRI JOINT OF
UPPER EXTREMITY

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 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

Orthopedics

Approval

73221 MRI JOINT OF
UPPER EXTREMITY

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.

6

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	THIS IS FOR AN "ARTHROGRAM"  TO EVALUATE & PROVE THAT THE PATIENT HAS A LABRAL/GLENOID LESION INJURY.; 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	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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 directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; NO RELIEF REFERRED TO DR. MCCLEOD; The patient received oral analgesics.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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.; The patient received oral analgesics.	1
Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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.	1

Orthopedics	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>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 weekness 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 interanal 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</p>	1
Orthopedics	Approval	73225 MRA, MRI ANGIOGRAPHY UPPER EXTREMITY WITH/WITHOUT CONTRAST	<p>injury to 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.; unknown; There has been treatment or conservative therapy.; pain in left shoulder.; 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</p>	1

Orthopedics	Approval	73225 MRA, MRI ANGIOGRAPHY UPPER EXTREMITY WITH/WITHOUT CONTRAST	TO EVALUATE & PROVE THAT THE PATIENT HAS A LABRAL/GLENOID LESION INJURY.; 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	1
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY		3
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	; 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	2

Orthopedics	Approval	73700 CT LEG OR 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.;	2
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	1/2017; There has been treatment or conservative therapy.; pain; Physical Therapy	
			HPI	
			Right peritrochanteric femur fracture, status post IM nail fixation x5 months. I am not really sure this is completely healed. There could be a nonunion. We are going to order a CT of the femur. There is some lucency and cortical reaction specifically aro; 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.;	
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	Yes this is a request for a Diagnostic CT	1
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	2

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 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 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 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.; 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 a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	5

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	2
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Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	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 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 been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1
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Orthopedics

Approval

73700 CT LEG OR
LOWER EXTREMITY

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 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 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.; 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.; 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 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.; Yes this is a request for a Diagnostic CT

1

Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	<p>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 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 been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT</p>	1
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	<p>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 a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is 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</p>	1
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	<p>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 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</p>	5

Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	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 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.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	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 a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	3

Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	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	4
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	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	7
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	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	3
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	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

Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	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	3
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	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 not a suspected tarsal coalition.; Yes this is a request for a Diagnostic CT	7
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	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 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.; There is not 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	1

Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	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 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 a suspected tarsal coalition.; The patient has 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 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.; There is not 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	1
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	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.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	3

Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	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 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.; There is not a suspected tarsal coalition.; The patient has 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 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	5
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	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 Leg CT.; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	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	1

Orthopedics	Approval	73700 CT LEG OR LOWER EXTREMITY	Unknown; 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
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		14
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; ; This is a request for a Knee 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 patient had recent plain films of the knee.; It is not known if the ordering physician is an orthopedist.; 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,supsected tumor or Aseptic Necrosis; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>&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.; Suspected meniscus, tendon, or ligament injury; It is not known if there is a known trauma involving the knee.; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.; It is not known if the member experience a painful popping, snapping, or giving away of the knee.</p>	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>&lt; 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 an orthopedist.; Non-acute Chronic Pain; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.; Yes, patient has completed and failed a course of conservative treatment.; There is no conservative treatment of Physical Therapy, physician directed course of non-steroidal medications, Immobilization or Physical directed exercise.</p>	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>&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.</p>	3

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; 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 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 patient received oral analgesics.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; 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.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Knee MRI.; This is a request for a Knee MRI.; The patient had recent plain films of the knee.; It is not known if patient had recent plain films of the knee.; The plain films were not normal.; It is not known if the ordering physician is an orthopedist.; LESION; Suspicious Mass or Suspected Tumor/ Metastasis; There is no supsected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; 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.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 3/2017; There has been treatment or conservative therapy.; Pain in left foot. Gout; Medication	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has been treatment or conservative therapy.; pain; 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	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< 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.; 2 months ago; There has been treatment or conservative therapy.; Swelling, popping, locking, pain in elbow; HEP, medication	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< 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.; 2 months ago; There has been treatment or conservative therapy.; tenderness; steroids	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 06/26/2017; There has not been any treatment or conservative therapy.; softball and twisted pain, and crutches and boot, swelling still going on , chronic pain, x ray came back negative	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 3 years ago; There has been treatment or conservative therapy.; swelling, limited range of motion, pain, weakness, positive mcmurray; home exercise, physical therapy, medication	2
Orthopedics	Approval	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.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	2
Orthopedics	Approval	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 results of the plain films is not known.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Pain greater than 3 days; No, patient has not completed and failed a course of conservative treatment.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; 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.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Pain greater than 3 days; It is not known if patient has completed and failed a course of conservative treatment.	1
Orthopedics	Approval	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.; 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.; It is not known if the physician has directed a home exercise program for at least 6 weeks.; The patient received oral analgesics.	1
Orthopedics	Approval	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 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.; ALL DONE AND NO IMPROVEMENT; TRAMADOL; The patient received medication other than joint injections(s) or oral analgesics.	1

Orthopedics	Approval	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 not directed conservative treatment for the past 6 weeks.	1
Orthopedics	Approval	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 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
Orthopedics	Approval	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 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.	3
Orthopedics	Approval	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 from an old injury.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; 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	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This study is 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.; ;	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This study is 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 year ago; There has been treatment or conservative therapy.; The patient points medially and laterally as the area that is most painful. The pain is described as a sharp, achy pain that is constant and 10/10 in severity. The pain is worse with weightbearing and better with rest and medications. He reports he has ha; NSAIDS and RICE; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 2009 - right knee; There has been treatment or conservative therapy.; ; physical therapy for quadriceps strengthening and patellar stabilization exercises as well as hip abductor strengthening.	

Orthopedics

Approval

73720 MRI LEG OR
LOWER EXTREMITY ,
OTHER THAN JOINT

; This study is 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
2017; There has been treatment or conservative
therapy.; Progressively worsening constant bilateral
knee pain. Medial joint pain. Frequent popping and
swelling.; Meloxicam, Diclofenac, steroid injection,
Pennsaid, 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	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; SEVERAL YEARS AGO NOT SURE OF DATE; There has been treatment or conservative therapy.; SWELLING, LOCKING, CATCHING, SHARP STABBING PAINS. Aggravating Factors: standing; walking; twisting; going from sit to stand; STEROID INJECTIONS BUT PAIN IS PROGRESSIVELY GETTING WORSE WITH LOCKING, CATCHING AND SHARP STABBING PAINS. XRAYS: Aggravating Factors: standing; walking; twisting; going from sit to stand. HAS SWELLING RIGHT SMALL EFFUSION, SWELLING LEFT WITH MEDIUM EFFU; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	2
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Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>; This study is being ordered for trauma or injury.; ; There has not been any treatment or conservative therapy.; This patient is seen today for their intitial evaluation of right knee pain and left ankle pain. This man is been having pain soreness with his right knee when he flexes his knee. He feels like there is a lump behind his knee. He notes extension of the; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	2
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Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	1 week status post fall with twisting motion. She's been using rest, activity modifications, ice, physical therapy exercises. She's also been taking anti-inflammatories. She's made little improvement. She has on clinical exam; painful McMurray's test and ; 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 arthrscopy is scheduled in the next 4 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	6.20.17 pt twisted his knee when he fell. pt given a steroid injection and nsaid that have not helped. he has valgus instability and medial joint line tenderness. r/o meniscal 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 arthrscopy is scheduled in the next 4 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	bilateral medial meniscus tears; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI. CONTINUED FOLLOW UP FOR ABNORMAL GAIT.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/15/2017; There has not been any treatment or conservative therapy.; LIMPING, GAIT ABNORMALITY, GREIG SYNDROME	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		2

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	continued 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.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Enter answer here - or Type In Unknown If No Info Given	
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Evaluating for patella dislocation and looking for loose body. Patient had a fall; 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
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	FOCUSED EXAM: Foot Exam:	
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	further evaluate and rule out chondral defect and loose body; 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.; patellar femoral stabilization program;	

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	has used meds, ice, elevation; 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
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	He also reports that he had an injury to his left dorsal first metatarsal phalangeal joint area about 3 years ago. He reports that he injured this with a chain saw and went to the emergency department for laceration repair. He reports he has had pain si; This is a request for a foot MRI.; The study is being ordered forfoot 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.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Injured left knee on 7/3/2017 when she fell down hiking.; 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
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Joan Beasley is a 52-year-old receptionist who does primarily sedentary in both her work and home life, who was referred by Dr. Santos Day for evaluating pain and discomfort in bilateral knees, left more so than right. She has had several falls wrenching; 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.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Knee gives away, pain is 4 out of 10 at rest and increases with activity, McMurray's test gives rise to comfort on the medial side, x rays negative, positive re tear of her ACL.; 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
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	knee- meniscus 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.; 06/2017; There has been treatment or conservative therapy.; knee- joint line tenderness	
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	LEFT ankle sprain, need MRI to R/O Stress fracture.; 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
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	left knee pain, Pt reports he did go to therapy, and did quite a bit of pool therapy, but did not feel any change in the knee. Pt has been taking some naproxen when needed,but no change with that either, tenderness of the lateral joint line, can't use NS; 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	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Long-standing right knee pain. He may have a meniscus pathology.; 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.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Mr. Harper is a 53 year old male who is now 8 months s/p ankle surgery and rheumatologic issues.Most pain is in the ankle.Previously he was wearing the boot most of the time and taking gabapentin.At this point he still reports moderate to severe pain. He ; 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. MRI to R/O MMT after MVA; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is from an old injury.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Ms. Steinfeld is a 63 year old female who returns for followup of nonoperative treatment of bilateral knee pain with presumed early arthritis after injection to both knees and use of Mobic.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	no, joint effusion; 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

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	non weight bearing , swelling, crutches, knee imobiizer; 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 arthrscopy is not scheduled in the next 4 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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 arthrscopy is not scheduled in the next 4 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	November 2016 patient had knee pain with swelling went to North Metro to make sure it wasn't a blood clot. Pain flared up again 2 weeks ago.; 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.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	PAIN SINCE MARCH 2017 NOT IMPROVING; This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; The patient had recent plain films of the knee.; There are no physical findings (palpabel mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The plain films were normal.; Suspicious Mass or Suspected Tumor/ Metastasis	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>pain,popping/clicking, Bony Palpation Left: tenderness of the superior pole patella. Soft Tissue Palpation Left: tenderness of the quadriceps tendon,; 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.</p>	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>painful ROM, knee pain and instability for several mths, ataxic gait, pes anserinus bursitis of rt 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 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.; activity modification, nsaid,; The patient received oral analgesics.</p>	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>Patient fell off her bed trying to hang a curtain. She landed on her knee July 2017. There has been no change in the symptoms with ice, heat or Tylenol. Unable to take NSAIDS. On exam, Severe medial joint line tenderness to palpation, McMurray test is pos; 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.</p>	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient had surgery on 8/29/17 for comminuted mid distal 3rd femoral shaft fracture on the right and is experiencing continuing pain and swelling. possible ligamentous injury to his right knee; 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
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient has tried Mobic with no relief for about 4 wks. Moderate Effusion, Medial Joint line Tenderness. x-rays show no significant fracture or arthritis.; 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
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Patient presents for recheck on her knee. She had injection and states it helped some but since her knee has given way and patient has fallen a few times. She now complains of pain and apprehension when she twists or pivots and complains of occasional ca; 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
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Pearoneal Tendinitis; 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.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	POSITIVE MCMURRAY. LIMITED ROM. WEAKNESS, SWELLING,PAIN, JOINT TENDERNESS, DECREASED MOBILITY.; 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.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Positive Valgus test. Medial pain with stair-climbing, bending, and squatting.; 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. possible lisfranc injury tear; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is NOT being ordered for chronic pain, acute pain, rule our tarsal coalition, known or suspected septic arthritis or oseteomyelitis, tendonitis, neuroma or plantar fasciitis.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Post-OP 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.	1

Orthopedics

Approval

73720 MRI LEG OR
LOWER EXTREMITY ,
OTHER THAN JOINT

PRE-OP STUDY FOR 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.; UNKNOWN; There has been treatment or conservative therapy.; mechanical symptoms and giving away of both knees, more so on the right than the left. She has a bit of effusion on the right. She states it was larger. She is tender to palpation bilaterally at the medial joint line as well somewhat bilaterally on the ; ANTI-INFLAMMATORIES

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>Pt with bilateral knee pain secondary to probable chondral defect and medial meniscus tear to the Lt knee and Rt knee. Pt has had 3 different knee scopes to his Lt knee with w of those being a meniscus repair, as well as 2 separate stem cell injections. 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.; ; There has been treatment or conservative therapy.; Pain in Lt knee, Pain in the right knee, derang of unsp medial meniscus due to old tear, inj, Rt knee. decreases mobility, joint instability, joint tenderness, limping, popping, weakness and stiffness. Pt is not able to kneel, difficult to climb stairs, e; Cortisone Injections, 3 Scopes, Home Exercise Program and 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 R/O bilateral meniscal tears; This study is being ordered for trauma or injury.; 04/17/2017; There has been treatment or conservative therapy.; bilateral knee pain, popping and clicking; physical therapy and home exercises</p>	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>Referred here today for an injury to his right ankle. He did this 6 days ago. He twisted his ankle felt a significant tearing sensation at the insertion of his Achilles. He has had pain and weakness since that time. He has been on crutches.&#x0D;</p>	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	RIGHT Achilles pain s/p Achilles repair.; This is a request for an Ankle MRI.; 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 determinjed by x-ray.; The study is requested for ankle pain.; It is not known if there is a suspicion of tendon or ligament injury.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Right 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.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Right knee pain joint line tenderness to palpation. positive mcmurray's test. failed conservative treatment. suspected meniscal tear. failed conservative treatment was not successful which included NSAIDS, steroid injections and physical therapy; 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
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	right knee pain; 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; No, patient has not completed and failed a course of conservative treatment.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Rule out medial and/or lateral meniscal tears versus other internal derangement that will require a left knee arthroscopy. Conservative treatment including physician directed physical therapy will not heal a meniscal tear. Patient is in the Army Reserves ; 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
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Rule out 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 arthrscopy is scheduled in the next 4 weeks.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	She reports multiple previous sprains to her left ankle has has dropped multiple objects on her foot and ankle	
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Tendon Rupture that is sharp pain not using it makes it better along with elevation.; This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	The right knee is examined in detail. She does have midline-tracking patella and some mild retropatellar crepitus. Strong positive medial McMurray and negative lateral McMurray. Negative anterior drawe; 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 arthrscopy is not scheduled in the next 4 weeks.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This 21-year-old patient works as a CNA at the village has some previous knee problems, but was pulling a patient up in bed on Saturday, 07/20 felt something pop give way in her left knee and has been unable to work since that time. She has inability to e; 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
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a pleasant 26-year-old male who has had a left knee injury on 11/15/16. He was playing basketball and he came down wrong. He had immediate pain and buckling of his left knee underneath his body weight. Pain has since been intermittent and he ha; 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
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.	4
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.	18

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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 an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.	4

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>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 used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.</p>	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>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.</p>	22
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>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.</p>	2

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>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 for pre-operative planning.; The patient does not have a documented limitation of their range of motion.</p>	1
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Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>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.</p>	1
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Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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 for pre-operative planning.; The patient does not have a documented limitation of their range of motion.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; Surgery is planned for within 30 days.; The study is being ordered for a pre op.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; There has been a recurrence of symptoms following surgery.; The surgery was less than 6 months ago.; The study is being ordered for a post op.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; It is not known if the study is ordered prior to arthroscopic surgery.; "This study is being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is an orthopedist.; Pre-operative Evaluation; Instability	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; The patient 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.; The plain films were normal.; She has a palpable fullness over the hamstring tendons and what for all the world feels like a lipomatous mass. It is clearly different from the opposite side. There is no accompanying instability to medial collateral or cruciate testing and joint line ; Suspicious Mass or Suspected Tumor/ Metastasis	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Instability	18
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Limited range of motion	4
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Locking	7
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	7

Orthopedics	Approval	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	17
Orthopedics	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	654
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Instability	5
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Limited range of motion	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Locking	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Swelling greater than 3 days	4
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Orthopedics	Approval	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	22
Orthopedics	Approval	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.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; Pain greater than 3 days	4
Orthopedics	Approval	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.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1

Orthopedics	Approval	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.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	2
Orthopedics	Approval	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.; This study is not being ordered prior to arthroscopic surgery.; "This study is being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	1
Orthopedics	Approval	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 not normal.; 07-25-17	
Orthopedics	Approval	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 not normal.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Pain greater than 3 days	16
Orthopedics	Approval	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 not normal.; The ordering physician is an orthopedist.; There is no suspected meniscus,pre-op or post-op evaluation,non-acute Chronic Pain,supsected tumor or Aseptic Necrosis; There is no symptom of locking,Instability, Swelling,Redness,Limited range of motion or pain.	1

Orthopedics	Approval	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 not normal.; This study is being ordered prior to arthroscopic surgery.; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	9
Orthopedics	Approval	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 not normal.; This study is not being ordered prior to arthroscopic surgery.; "This study is being ordered prior to a planned or scheduled open surgery (joint replacement, etc.)."; The ordering physician is an orthopedist.; Pre-operative Evaluation; Pain greater than 3 days	14
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The study is not requested for knee pain.; Surgery or arthroscopy is scheduled in the next 4 weeks.; The member has surgery planned.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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
Orthopedics	Approval	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.; 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).	3

Orthopedics	Approval	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?	22
Orthopedics	Approval	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 not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient received joint injection(s).	5
Orthopedics	Approval	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 from a known mass.; 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.	1
Orthopedics	Approval	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 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.	18
Orthopedics	Approval	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 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.	2

Orthopedics	Approval	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 from an old injury.; 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).	1
Orthopedics	Approval	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 from an old injury.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	14
Orthopedics	Approval	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 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 received joint injection(s).	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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; Instability	5
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	3

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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; Swelling greater than 3 days	2
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; Yes, the patient had a recent ultrasound of the knee.; The patient had recent plain films of the knee.; The patient has not had a recent bone scan.; The plain films were normal.; 08-04-17	
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.	3
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.	2
Orthopedics	Approval	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."	12

Orthopedics	Approval	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 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.	1
Orthopedics	Approval	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 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.	1
Orthopedics	Approval	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 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.	5

Orthopedics	Approval	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 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.	13
Orthopedics	Approval	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 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 not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study for planned surgery.	1
Orthopedics	Approval	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.	39
Orthopedics	Approval	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 suspected tarsal coalition.	6

Orthopedics	Approval	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 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 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.	1
Orthopedics	Approval	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 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.	4
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 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.	2

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 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.

3

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 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.; 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.

1

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 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.	1
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 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.	6
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.; There is a suspected tarsal coalition.	1
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.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	14

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 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 has a documented limitation of their range of motion.

1

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 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 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.

2

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 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 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.

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 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.

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 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 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.

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>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 not 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.</p>	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>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 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.</p>	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>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.</p>	5

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for an Ankle MRI.; Surgery or arthroscopy is 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.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.	3
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This patient is about 8 weeks out on a right knee scope for lateral meniscectomy. He has improved dramatically on that side although he has some discomfort at night after a long day at work. Unfortunately he has stepped in a hole and injured his left kn; 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
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	twisted ankle going down stairs 7-10-17; 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.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	twisting type injury created immediate onset of 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.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	UNKNOWN; 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
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Unknown; This is a request for a Knee MRI.; The study is not requested for knee pain.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.; The member has surgery planned.	1
Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	X-RAY FINDINGS: No acute fracture or dislocation. Minimal joint effusion is#x0D;	

Orthopedics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>xrays taken Sept 18, 2017 and show mild degenerative Joint disease with some tilt of the patella bilaterally. Negative for fracture. Home Physical therapy started February 7 2017. Is not helping anymore. Having pain and instability bilaterally.; This study is 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 2 years ago. patient doesn't remember exact date.; There has been treatment or conservative therapy.; bilateral knee pain with crepitus and swelling. Pain with extension. Negative McMurrays. Negative Anterior drawer test. Some symptoms of patella femoral syndrome with a patella tilt.; NSAIDS, Home exercise program, Steroid injection, change in activity level, ice, rest, elevating for over 12 weeks have all failed. since February 07, 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</p>	2
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		1

Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This 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 due to an old injury.; The request is for hip pain.	1
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	; This 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 due to an old injury.; The request is for hip pain.	1
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	; This study is 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 is been going on 3 years getting worse.; There has been treatment or conservative therapy.; Patient comes clinic today complaining of bilateral hip pain as well as lower back pain. So she was complaints she has pain that radiates down anterior aspect to the knees.; Is been taking NSAIDs for this she recently had an aid. She was given therapy which she did for 3 sessions and feels it made her 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	2

Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	; This study is being ordered for trauma or injury.; Enter date of initial onset here - or Type In Unknown If No InfoHistory: Mr. Ramsey is a 25-year-old male who comes in with a chief complaint of pain in his right hip. He fell about 20 feet, landing on his right hip on July 23rd, 2017. He has had right; 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	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Dr. Barnes has explained that this level of inflammatory response for bursitis is not common, though she does have a history of rheumatoid. He would like to obtain an MRI to evaluate further. Would not consider injection without further evaluation of the; This study is being ordered for Inflammatory/ Infectious Disease.; 07/12/2017; There has been treatment or conservative therapy.; BILATERAL hip pain; trochanteric bursitis on the left side; bursitis pain developing on the right as well. left worse than right;fluid collection palpated bilaterally; weight loss; 	

Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Patient has had back and hip pain since 2010. Not any better with 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.; 2010; There has been treatment or conservative therapy.; Locking, giving way, swelling, popping, redness, pain, numbness.; Medicine, Back Brace, Physical Therapy	2
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Patient states he was lifting weights yesterday, he states he heard a pop on his left hip, he states the pain shot up his back, patient states it is very painful and he is unable to bear weight on this hip. IMPRESSION: Normal views of the left hip.	
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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.	1
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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.	13
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 a suspicion of AVN.; The patient is receiving long-term steroid therapy (Prednisone or Cortisone).	1

Orthopedics

Approval

73721 MRI JOINT OF
LOWER EXTREMITY, HIP
OR KNEE OR ANKLE OR
FOOT JOINT

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 steriod 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.

1

Orthopedics

Approval

73721 MRI JOINT OF
LOWER EXTREMITY, HIP
OR KNEE OR ANKLE OR
FOOT JOINT

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 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 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.

1

Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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.	6
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 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 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
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 steriod 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 does not have a documented limitation of their range of motion.	1

Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 steriod 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.	1
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	32
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 receiving long-term steriod therapy (Prednisone or Cortisone).	6

Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 not receiving long-term steriod 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.	1
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 not receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	6
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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).	1

Orthopedics

Approval

73721 MRI JOINT OF
LOWER EXTREMITY, HIP
OR KNEE OR ANKLE OR
FOOT JOINT

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 been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.

13

Orthopedics

Approval

73721 MRI JOINT OF
LOWER EXTREMITY, HIP
OR KNEE OR ANKLE OR
FOOT JOINT

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 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.

1

Orthopedics

Approval

73721 MRI JOINT OF
LOWER EXTREMITY, HIP
OR KNEE OR ANKLE OR
FOOT JOINT

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 a mass near the hip.; The patient has a documented limitation of their range of motion.

2

Orthopedics

Approval

73721 MRI JOINT OF
LOWER EXTREMITY, HIP
OR KNEE OR ANKLE OR
FOOT JOINT

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 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.

1

Orthopedics

Approval

73721 MRI JOINT OF
LOWER EXTREMITY, HIP
OR KNEE OR ANKLE OR
FOOT JOINT

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 for pre-operative planning.; The patient has a documented limitation of their range of motion.

Orthopedics

Approval

73721 MRI JOINT OF
LOWER EXTREMITY, HIP
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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 does not have a documented limitation of their range of motion.

Orthopedics

Approval

73721 MRI JOINT OF
LOWER EXTREMITY, HIP
OR KNEE OR ANKLE OR
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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.

Orthopedics

Approval

73721 MRI JOINT OF
LOWER EXTREMITY, HIP
OR KNEE OR ANKLE OR
FOOT JOINT

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 not 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.

Orthopedics

Approval

73721 MRI JOINT OF
LOWER EXTREMITY, HIP
OR KNEE OR ANKLE OR
FOOT JOINT

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 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.

1

Orthopedics

Approval

73721 MRI JOINT OF
LOWER EXTREMITY, HIP
OR KNEE OR ANKLE OR
FOOT JOINT

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 used a cane or crutches for greater than four weeks.; The patient has a documented limitation of their range of motion.

4

Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 had an abnormal plain film study of the hip other than arthritis.; The patient has a documented limitation of their range of motion.	12
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 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 does not have a documented limitation of their range of motion.	1
Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 receiving long-term steriod therapy (Prednisone or Cortisone).; The patient has a documented limitation of their range of motion.	3

Orthopedics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	X-ray shows cam shape deformity of both hips, more prominent on the left. He appears to have FAI due to cam impingement and associated labral 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.; Pain in both hips for about 1 year; There has been treatment or conservative therapy.; aching, burning, sharp and throbbing pain in both hips; medication, lumbar spine fusion; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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	74150 CT ABDOMEN WITHOUT CONTRAST	. Her rheumatoid arthritis is under great control. I am concerned about the persistent diarrhea. Could she have some type of smoldering low-grade infection either viral or bacterial? We'll have her hold her next Cimzia injection which she is due to take ; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 	
Orthopedics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1

Orthopedics	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 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	1
Orthopedics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; It is not known if the requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation; This is a 60-year-old gentleman with a complex history. In the 1980s he underwent a surgical excision of the sacral tumor by Dr. Reding. The patient does not know what the origin of the tumor is and reports that he is had no significant problems since t; Yes this is a request for a Diagnostic CT	1
Orthopedics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1

Orthopedics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1
Orthopedics	Approval	74176 CT ABD & PELVIS W/O 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Orthopedics	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 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.	1

Orthopedics	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 subsequent treatment.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is NOT a Medicare member.	1
Orthopedics	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Severe 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).	1
Orthopedics	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.; This study is being ordered for and infection or inflammation.	1
Orthopedics	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	weakness, gait disturbance; This study is being ordered for a neurological disorder.; 6-15-2017; There has been treatment or conservative therapy.; h/a's, neck pain, mid back pain, radiating pain, numbness & tingling; meds, home exercise, PT	1

Orthopedics	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	In summary, this patient has been treated for benign giant cell tumor of the right proximal femur with associated pathological fracture. I believe that a CT scan of the proximal femur is necessary to evaluate this region particularly as the patient conti; 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	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	; 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
Orthopedics	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	AP and lateral of the cervical spine show advanced degenerative changes at C5-6 with disc space narrowing. There is also anterior osteophyte formation at C2-3. An MRI is of very poor quality and is an open MRI per the patient report. It does show howev; 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

Orthopedics	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	He has had neck problems for about five years which is worse on the left than right. It has affected his ability to turn his head to the left. He noticed that his head is tilting some. Pain is better at night when he puts ice on it and rests. It is worse; 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 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
Orthopedics	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	01/01/2010; There has been treatment or conservative therapy.; ; NSAID Therapy, Oral Steroids, Home exercise program	1
Orthopedics	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	He is still having pain in the thoracic area near the scapula. He retired early because of the pain in his back which he associates with having to lift 60 pound boxes of paper and carry them upstairs.He has done some physical therapy but this has not help; 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 hx of scoliosis; This study is being ordered for	1
Orthopedics	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	Congenital Anomaly.; Since patient was young; It is not known if there has been any treatment or conservative therapy.; pain < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 03/14/2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; SURGERY	1
Orthopedics	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary		1

Orthopedics	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	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.; 01/01/2010; There has been treatment or conservative therapy.; ; NSAID Therapy, Oral Steroids, Home exercise program hx of scoliosis; This study is being ordered for	1
Orthopedics	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	Congenital Anomaly.; Since patient was young; It is not known if there has been any treatment or conservative therapy.; pain	1
Orthopedics	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	Pt has severe pain and is not able to get around without piercing, sharp and stabbing pain. she has found nothing to relieve the pain. not able to walk, even short distances..; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/26/16; There has been treatment or conservative therapy.; Severe pain, weakness and numbness in the left neck, right shoulder, right arm, right upper back, right lumbar area, right thigh and right leg. decreased mobility, gait disturbance, spasms, tenderness, tingling in legs and thigh, weakness in legs and thigh; medication, injections and lifestyle modifications	1
Orthopedics	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary	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	2

Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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 not directed conservative treatment for the past 6 weeks.	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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 been treatment or conservative therapy.; neck and shoulder pain; pt, dose pack ; 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.	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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 been treatment or conservative therapy.; neck and shoulder pain; pt, dose pack ; 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.	1

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; 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.; She also has complaints of right upper extremity numbness. Unremarkable exam at the elbow and shoulder. Diminished sensation of the 1st 2 digits. Negative Spurling's and Hoffman's of the C-spine. Previous C-spine x-rays show multilevel degenerative cha	1
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 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
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.;	1

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.; DocuRenita Hollins comes in complaining of signs and symptoms of cervical radiculopathy on her left upper extremity since early July 2017. She states she just woke up with it.	
Orthopedics	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.; December of 2016; There has been treatment or conservative therapy.; Cervical Radiculopahty, Has numbness and Tingling around the Scapula Area.; NSAIDS, Steroid Dose Pack,	1
Orthopedics	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.; 11/28/2016; There has been treatment or conservative therapy.; Pain in the bilateral neck, bilateral shoulders, bilateral upper back and bilateral lumbar area with radiculopathy. Decreased mobility. Evaluate the fracture healing and surgery after trauma; Non-steroidal anti-inflammatory medication, physical therapy, spinal exercisis X 6 weeks	1

Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	CHRONIC NECK AND SHOULDER PAIN, INTEREFERES WITH ADL'S, HAS HAD TO QUIT JOB, TAKES HYDROCODONE; 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
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	IMPRESSION:~;	
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Mr. Edwards presents to clinic with 10 year history of mild intermittent~;	
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Neck Pain; 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 not directed conservative treatment for the past 6 weeks.	1

Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	none 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.; 5-30-2017; There has been treatment or conservative therapy.; For the neck, post surgery in 2009, having neck pain - For the shoulder, he is having shoulder pain, R/O labral and RCT, having pain when lifting the right arm; HEP, OTC pain meds, muscle relaxer	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has had a Cervical work up but not an MRI. He has weakness, numbness and tingling in his R upper extremity and hand. Patient has had no relief from neck pain; 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.	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	pt. recently re-injured her back.; 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 than once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	1

Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Rule out Radiculopathy; 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 was seen and examined in clinic today. He is complaining of pain in his right shoulder and arm. Symptoms appear to be most consistent with radiculopathy. I talked with him about this condition and plan for treatment. We are going to get an MRI of ; 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
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The MRI is to rule out nerve compression or cord compression. She is being evaluated for possible surgical intervention.; 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 and pain in Right upper extremity. Burning and numbness are present in 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.	1

Orthopedics	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.	1
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; 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 a facet joint injection.	1
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; 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.	2

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; ; 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
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; I recommend MRI of the cervical spine. I explained that the fact that he hurts around his scapula and the numbness and tingling mainly felt like it is coming from his neck.he pain began after cutting brush but no specific injury. The pain is described a; 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

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; Pt reports numbness and tingling from the index finger, up the forearm.X-ray: 2 views C/Spine show significant DDD especially at C5/6 and C6/C7.; 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
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; 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.	1
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; 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.;	2

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; 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.; Enter Additional Clinical InforHistory: Ms. Lacy is a 36-year-old female comes in with chief complaint of pain in the cervical spine. She also has some pain in the lower lumbar spine. She had pain in the lumbar spine 3 years ago,which I reviewed the re	1
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; 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.;	2
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; There is no evidence of tumor or metastasis on a bone scan or x-ray.; Suspected Tumor with or without Metastasis; Previous MRI showed cord lesion at C6-7, neurosurgeon wants MRI with and without contrast to evaluate this lesion. This is not seen on normal x-ray	1
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; Trauma or recent injury; 08-14-17	
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; Trauma or recent injury; 23 year old football player with history of fifth stinger with paresthesia and decreased use of hand.	

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; Trauma or recent injury; Neck pain and radiculopathy following a fall landing on the neck. She has been seeing a chiropractor and has had physical therapy with continued pain. Pain in the posterior neck and superior aspect of the left shoulder. Her exam is positive for scapular d; 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.	1
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE 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.; 03/07/2017 pt failed; There has been treatment or conservative therapy.; numbness and tingling radiating down her legs,; 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	1

Orthopedics

Disapproval

72141 MRI CERVICAL
SPINE OR NECK SPINE
WITHOUT CONTRAST

Radiology Services
Denied Not
Medically Necessary

with Spurling's maneuver she does have radiation of pain down her right upper extremity into the fingers consistent with her current 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 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.; 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.; Stretching

Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	X-ray C-spine: Multilevel degenerative changes most advanced at C5-6 and 6-7. Total loss of disc height at C5-6 and 6-7. Marginal osteophytes noted anterior C5-6.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Full active range of motion of the shoulders bilaterally however he does have weakness against resistance with rotator cuff exam bilateral shoulders. Adequate grip strength in the hands bilaterally. pt states he experiences numbness and tingling in the ; 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
Orthopedics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	x-rays showed Cervical spine AP and lateral views show loss of cervical lordosis and mild spurring - MRI ordered to evaluate for	
Orthopedics	Disapproval	72146 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 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 unknown if there is recent evidence of a thoracic spine fracture.	1
Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; December of 2016; There has been treatment or conservative therapy.; Cervical Radiculopathy, Has numbness and Tingling around the Scapula Area.; NSAIDS, Steroid Dose Pack,	1

Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 11/28/2016; There has been treatment or conservative therapy.; Pain in the bilateral neck, bilateral shoulders, bilateral upper back and bilateral lumbar area with radiculopathy. Decreased mobility. Evaluate the fracture healing and surgery after trauma; Non-steroidal anti-inflammatory medication, physical therapy, spinal exercis X 6 weeks	1
Orthopedics	Disapproval	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.; The study is being ordered due to trauma or acute injury within 72 hours.; <Enter Additional Clinical Information>	1
Orthopedics	Disapproval	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.; 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
Orthopedics	Disapproval	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.; Feb. 2016; There has been treatment or conservative therapy.; severe low back pain that radiates to the bilateral extremities. Pt has been diagnosed with sarcoidosis; Medication, lifestyle modification, spinal exercises	1

Orthopedics	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.; The patient is experiencing or presenting symptoms of abnormal gait.	1
Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.	1
Orthopedics	Disapproval	72146 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; 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?	1
Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.	1

Orthopedics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	weakness, gait disturbance; This study is being ordered for a neurological disorder.; 6-15-2017; There has been treatment or conservative therapy.; h/a's, neck pain, mid back pain, radiating pain, numbness & tingling; meds, home exercise, PT	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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 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 dorsiflexion in ankle	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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 weakness.; she has restriction , tenderness in the right, straight leg raising is 60 on the right and 80 on left side, pain with activity , 6 weeks of therapy completed; 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

Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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.	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 3/2017; There has been treatment or conservative therapy.; Pain in left foot. Gout; Medication	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; 7/26/2016; There has been treatment or conservative therapy.; CHRONIC PAIN IN LOW BACK & NECK.; PATIENT HAS HAD PAIN MEDS, ANTI INFLAM, INJECTIONS, & HOME EXER.	1

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.; 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
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.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; DocumentMarc Bounds comes in complaining of chronic recurrent low back pain. He dates it back to 1999 when he fell from a ladder on job site in St. Louis, Missouri. He had 6 weeks of physical therapy which basically consisted of modalities. Since that t; 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
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.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; 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.	1

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.; 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.	1
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.; 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.; Orthopedic exam: 	
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.; 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.; She appears to have more radicular symptoms on exam today with positive straight leg raise on the left. X-rays of the lumbar spine show severe degenerative changes at the L5-S1 level. Previous trochanteric injections were beneficial. Recurrent symptoms	1

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.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Right hip: Surgical incision is well healed. There is some tenderness to palpation along the greater trochanter. Give Homans sign. No sign of DVT. Range of motion is full with no intra-articular pain appreciated. No instability. He is neurovascular; 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
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.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; SUBJECTIVE: Jenne Gifford returns to the clinic to discuss her response with a Medrol Dosepak with regard to her bilateral lower extremity pain, left greater than right that radiates down the back of the buttock, over the top of the front of the thigh di; 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

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.; 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 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.; 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 not include exercise, prescription medication and follow-up office visits.	1
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 has acute or chronic back pain.; The patient has 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.; 01/01/2010; There has been treatment or conservative therapy.; ; NSAID Therapy, Oral Steroids, Home exercise program	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 11/28/2016; There has been treatment or conservative therapy.; Pain in the bilateral neck, bilateral shoulders, bilateral upper back and bilateral lumbar area with radiculopathy. Decreased mobility. Evaluate the fracture healing and surgery after trauma; Non-steroidal anti-inflammatory medication, physical therapy, spinal exercisis X 6 weeks	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	2 week history of lumbar discomfort with left leg radiation down to his foot and tingling into his left leg which she states is his entire left leg. It is significant along the anterolateral aspect and quite bothersome to him. This is relatively new. He h; 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 NOT had back pain for over 4 weeks.	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	hx of scoliosis; This study is being ordered for Congenital Anomaly.; Since patient was young; It is not known if there has been any treatment or conservative therapy.; pain	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Low back pain for 1 year patient has taken Percocet; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1

Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	low back pain for 7 years	
				mild tenderness to palpation the buttock region, sciatic notch area. She has buttock pain and radiating discomfort in the posterior aspect of the leg with hip flexion and extension of the knee. She's had some chronic issues and been worse over the past 8 ; 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.	
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
				neuropathy; 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.	
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW 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.; Feb. 2016; There has been treatment or conservative therapy.; severe low back pain that radiates to the bilateral extremities. Pt has been diagnosed with sarcoidosis; Medication, lifestyle modification, spinal exercises	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	numbness in 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 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
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient has been falling unexpectedly lately and has reported having weakness feeling like her left leg gives out on her. with pain radiating down her left lower extremity.; 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	Patient has bilateral hip pain with a normal pelvis x-ray. He denies any groin pain. He does have pain going down his legs and up into his lumbar back. Suspected Lumbar Degenerative Disc Disease. Need MRI for confirmation and referral to back speciali; 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	Patient is having severe pain in the lower back, thighs and hip. Pain radiating to legs. Pt has had surgery in the past as well as Trigger Point injections. Patient shows some stenosis of the lumbar neural canal; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT with with RIGHT knee pain for 7 months but it has been constant for the past month. No specific injury. He reports having constant numbness and tingling down the knee into the heel for the past week. Pain is described as a achy, burning pain that; 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 NOT had back pain for over 4 weeks.	1

Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt is here for a second opinion concerning her low back pain that is radiating into her L buttock, leg and foot. she has been told she needs knee surgery but the examination shows no gross instability or apprehension in the patellofemoral articulation. ; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Pt suffers with neuropathy bi-laterally in legs; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	She is a pleasant 46-year-old female who comes today with leg pain from the medial knee to the plantar surface of the foot. This is associated with numbness and tingling down the left leg in an L4 dermatomal pattern. This is worse with standing and walk; 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	Still complaining of a lot of low back pain and radiculopathy radiating pain into the right leg. We are going to get an MRI of her lumbar spine.; 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	suspected spinal stenosis; The study requested is a Lumbar Spine MRI.; Neurological deficits; 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 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
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient persists in having radicular pain. The patient has tried conservative care and failed over a 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.; 9/20/2016; There has been treatment or conservative therapy.; Severe lower back, legs, thighs and hip pain. Pain radiates to the right hip and leg. symptoms aggravated by going up or down stairs, lifting, standing, walking and twisting; Medication, lifestyle modification, spinal excercises,	1

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.; 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.	1
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 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	5
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 has acute or chronic back pain.; The patient has an Abnormal x-ray indicating a significant abnormality	1
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 has acute or chronic back pain.; The patient has Neurological deficit(s)	4

Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	To determine if patient is a surgical candidate.; 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.; 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.; Meloxicam	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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.; Has weakness in the L4 area of his spine, limited range of motion in his back, numbness and tingling in the L4 region numbness, pain and tingling radiating down the right leg; 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.	1

Orthopedics	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.; 03/07/2017 pt failed; There has been treatment or conservative therapy.; numbness and tingling radiating down her legs;; 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	1
Orthopedics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	We did restart gabapentin for lower back pain which she states has helped tremendously. She questions today whether or not she needs to be taking her tramadol on a daily basis. It was prescribed to be taken 3 times daily, but she states she has only been ; 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
Orthopedics	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	01/01/2010; There has been treatment or conservative therapy.;; NSAID Therapy, Oral Steroids, Home exercise program	1

Orthopedics	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Her rheumatoid arthritis is under great control. I am concerned about the persistent diarrhea. Could she have some type of smoldering low-grade infection either viral or bacterial? We'll have her hold her next Cimzia injection which she is due to take it ; 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 hx of scoliosis; This study is being ordered for	1
Orthopedics	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Congenital Anomaly.; Since patient was young; It is not known if there has been any treatment or conservative therapy.; pain	1
Orthopedics	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	; 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 study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something	1
Orthopedics	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomyelitis or tail bone pain or injury.	1
Orthopedics	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	; 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	1

Orthopedics	Disapproval	72196 MRI PELVIS	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	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; Enter date of initial onset here - or Type In Unknown If No InfoHistory: Mr. Ramsey is a 25-year-old male who comes in with a chief complaint of pain in his right hip. He fell about 20 feet, landing on his right hip on July 23rd, 2017. He has had right; 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	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	Impression and plan of treatment: the patient's having some symptomatology of a nerve root impingement in her low back. She also continues to have pain in the right posterior hip area. Decision was made to schedule the patient for an MRI of her lumbar s; 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.	1

Orthopedics	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	<p>Left SI joint demonstrates left greater trochanteric bursitis continued and worsening pain despite the conservatives measures...these have all failed to provide any relief at all. She has even had rhizotomies with no long term effect being achieved.; This study is being ordered for a neurological disorder.; 01/17/2014 after falling. She has pain and weakness still despite multiple injections into the SI joint, Physical therapy, change in activity level and NSAIDS like aleve and then meloxicam.She has weakness will walking, changing position in bed while layi; There has been treatment or conservative therapy.; left lower back, buttocks and left hip pain. described as sharp and stabbing mostly in buttock region as well as hip . exacerbating factors and weightbearing as well as positional changes while laying down, keeps her up at night. She has radiating lower e; NSAIDS, multiple injections in Si joint as well as in greater trochantic bursa, physical therapy for well over eight weeks.Also change in activity has all failed. Symptoms getting worse. MRI ordered to see if she needs a referral to a spine specialist w</p>	1
Orthopedics	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	<p>Patient has a 3 year history of back and buttock pain. This is predominantly in the left buttock, posterior lateral hip region. Pain is severe in intensity and aching, burning, throbbing in nature. Pain is getting worse. Pain radiates into the left bu; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.</p>	1

Orthopedics	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	<p>Patient walks with a relatively normal gait. Both lower extremities were neurovascular intact distally. No swelling or deformity. Had full range of motion her right hip without significant pain today. She said she could feel popping sensation on her a; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.</p>	1
Orthopedics	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	<p>The patient persists in having radicular pain. The patient has tried conservative care and failed over a 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.; 9/20/2016; There has been treatment or conservative therapy.; Severe lower back, legs, thighs and hip pain. Pain radiates to the right hip and leg. symptoms aggravated by going up or down stairs, lifting, standing, walking and twisting; Medication, lifestyle modification, spinal excercises,</p>	1

Orthopedics	Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Pt has severe pain and is not able to get around without piercing, sharp and stabbing pain. she has found nothing to relieve the pain. not able to walk, even short distances.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 4/26/16; There has been treatment or conservative therapy.; Severe pain, weakness and numbness in the left neck, right shoulder, right arm, right upper back, right lumbar area, right thigh and right leg. decreased mobility, gait disturbance, spasms, tenderness, tingling in legs and thigh, weakness in legs and thigh; medication, injections and lifestyle modifications	1
Orthopedics	Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	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	3
Orthopedics	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	< 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.	1

Orthopedics	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	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 >;	1
Orthopedics	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has been treatment or conservative therapy.; ;	1
Orthopedics	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	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.; Pain in hands	1
Orthopedics	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; Patient's pain did not respond to conservative treatment; This study is being ordered for Inflammatory/ Infectious Disease.; 5/20/2017; There has been treatment or conservative therapy.; right shoulder and arm pain and popping; Nsaids and steroid injection	1

Orthopedics	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	<p>She has multiple issues today that need to be addressed. She does have psoriasis on her scalp. She has clear evidence of erosive osteoarthritis of her hands. She's had history of positive rheumatoid factor. Differential diagnosis include psoriatic arthrit; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; She has history of psoriatic arthritis and was started on methotrexate which she took for a very short period of time but then was diagnosed with lung cancer in 2002. She was taken off of methotrexate at that time and underwent lobectomy with chemotherapy; It is not known if there has been any treatment or conservative therapy.; She has stiffness in her hands are she points primarily to her thumbs but also has swelling and stiffness in her ulnar aspect of the wrist bilaterally. She does have Heberden's and Bouchard's nodes on exam. She states she's had a positive rheumatoid facto; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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.; OV 6/29/17; It is not known if there has been any treatment or conservative therapy.; pain and swelling</p>	1
Orthopedics	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary		1

Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< 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.	1
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	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 been treatment or conservative therapy.; neck and shoulder pain; pt, dose pack	1
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	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 >;	1
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 03/10/2017; There has been treatment or conservative therapy.; limited range of motion, and tenderness over joints, decreased strength; oral medications , braced, therapy, xrays, at home exercise	1

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.	1
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.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; unknown; There has been treatment or conservative therapy.;;	1
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.; Unknown; There has not been any treatment or conservative therapy.; Pain in hands	1
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.;; There has been treatment or conservative therapy.;;	3
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	none 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.; 5-30-2017; There has been treatment or conservative therapy.; For the neck, post surgery in 2009, having neck pain - For the shoulder, he is having shoulder pain, R/O labral and RCT, having pain when lifting the right arm; HEP, OTC pain meds, muscle relaxer	1

Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	On physical examination, there is pain to palpation Over the superior medial border of the left scapula. There is a positive foraminal closure sign on the left side. There is no pain with resisted abduction resisted external rotation or impingement-type m; 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	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Pt. presented with ulnar sided wrist pain that is not alleviated with conservative measures and is progressing in intensity. c/o Limited range of motion.; 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.	1
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	several impact injuries to rt shoulder from falls caused by seizures. r/p 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.	1

Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>She has multiple issues today that need to be addressed. She does have psoriasis on her scalp. She has clear evidence of erosive osteoarthritis of her hands. She's had history of positive rheumatoid factor. Differential diagnosis include psoriatic arthritis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; She has history of psoriatic arthritis and was started on methotrexate which she took for a very short period of time but then was diagnosed with lung cancer in 2002. She was taken off of methotrexate at that time and underwent lobectomy with chemotherapy; It is not known if there has been any treatment or conservative therapy.; She has stiffness in her hands are she points primarily to her thumbs but also has swelling and stiffness in her ulnar aspect of the wrist bilaterally. She does have Heberden's and Bouchard's nodes on exam. She states she's had a positive rheumatoid factor; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology</p>	1
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	<p>Swinging a sledge hammer on a ladder and fell on his shoulder; The requested study is a Shoulder MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The member has a recent injury.; The study is not requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.</p>	1

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.	1
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	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. 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.; OV 6/29/17; It is not known if there has been any treatment or conservative therapy.; pain and swelling	1
Orthopedics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary		1

Orthopedics	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 06/21/2017; There has been treatment or conservative therapy.; Severe pain with swelling, decreased range of motion, and ecchymosis.; Patient has been nonweight bearing to the left lower extremity. He has been elevating and icing.	2
Orthopedics	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; 1st patellar dislocation in 2012; There has been treatment or conservative therapy.; pain and instability due to several dislocations of the right and left patella; 1. 9 months of physical therapy 	
Orthopedics	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	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 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.; Yes this is a request for a Diagnostic CT	1

Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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 arthrscopy is scheduled in the next 4 weeks.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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 arthrscopy is not scheduled in the next 4 weeks.	2
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; This is a request for a foot MRI.; The study is being ordered forfoot 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.	1
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 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.; insiads, steroid injections, anti inflammatory with no relief.; insaiads; The patient recevied medication other than joint injections(s) or oral analgesics.	1

Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; 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
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; 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.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	2
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Chief Complaint	
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Chief Complaint	
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Continues with swelling, tenderness, taking flexaril with no relief and no improvement, decreased ROM; 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

Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Had injections, x rays; 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 not been established.; The patient has not had recent plain films, bone scan or ultrasound of the knee.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Has had recent injury in July while moving furniture when he was out of town. Has had pain since then. Unable to bear weight on his knee without tremendous amount of pain in his knee. As of now he is using crutches and it is advised not to ambulate on 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.	1

Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	lateral meniscus tear bilaterally per orthopedic doctor exam; This study is being ordered for trauma or injury.; started 5 years ago His knees have progressively gotten worse over the last couple years. He reports he used to be able to run 5 miles, but no longer is able to be on it for an extended period of time. He experiences sharp pain on the lateral side of his ; There has been treatment or conservative therapy.; Pain with weight bearing limited range of motion,His exam is consistent with bilateral lateral meniscus tears. He is also relating weight gain despite diet and his knees are limiting his ability to exercise; rest, ice, nsaid, mobic, 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	2
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	LEFT ankle pain for 9 years. The patient is taking Mobic and using a knee brace. Need to R/O a 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.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Left foot pain over the left great toe, severe, 1 month duration; disabled from chronic spinal disease, seeking disability.	

Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	It knee pain x 1 mth. pt bent over and knee popped. still has pain, popping, instability in knee. not sch for sx yet until mri is done.; 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
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	It knee pain x 5 mths, painful w hyperextension, joint line tenderness, r/o meniscal tear; 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
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	motorcycle accident on 7.30.17. pt having knee pain and probable meniscal tear. surgery cannot be scheduled until we have a confirmation via mri.; 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
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	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.	2

Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Ongoing knee pain worried she could have meniscal tear. She has pain and giving way of the right 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
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	ostio arthritis; This is a request for a Knee MRI.; The study is not requested for knee pain.; The study is not requested for any of the standard indications for Knee MRI	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient had her first evaluation by our office today. She was seen by a walk in clinic and her PCP. Her PCP referred her to our office. Patient states pain in right knee has been going on for about 3.5 weeks. Complains of pain, grinding, and swelling arou; 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
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient suffered either occult fracture or bony contusion or ligament tear to the right knee. There is also a possibility of a 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

Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	PRE-OP STUDY FOR 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.; UNKNOWN; There has been treatment or conservative therapy.; mechanical symptoms and giving away of both knees, more so on the right than the left. She has a bit of effusion on the right. She states it was larger. She is tender to palpation bilaterally at the medial joint line as well somewhat bilaterally on the ; ANTI-INFLAMMATORIES	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Pt with hx of Avascular necrosis of femur who is now having pain in the knee 6 weeks post surgery of her hip .; 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.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	rt knee pain and instability x 2 years . r/o medial meniscal tear, painful rom,; 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.; activity modification, nsaid, rest; The patient received oral analgesics.	1

Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	<p>suspected patella femoral 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.; a year and a half ago. patient was pouring concrete and it hurt on and off. hurts when standing, getting in and out of car and got severe pain the past two weeks.; There has been treatment or conservative therapy.; pain in patella for bilateral knees. severe pain started two weeks ago, no known injury or trauma; NSAIDS, change in activity level, physical therapy for over 4 weeks,steroid injections. xrays,</p> <p>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.</p>	2
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	<p>This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury</p>	4
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	<p>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.</p>	3

Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	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.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	unknown; 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.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	unknown; 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.	1
Orthopedics	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	X-rays of the knees standing including Rosenberg's and Merchant's views were done in the clinic today, reviewed and interpreted. X-rays showed acceptable axis, congruent patellofemoral joint, symmetric articular space.; 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.	1

Orthopedics	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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.; years; There has been treatment or conservative therapy.; back pain, numbness down the leg; PT, medication	2
Orthopedics	Disapproval	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 something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/06/2017; There has been treatment or conservative therapy.; Bilateral hip pain with walking and stretching; Ibuprofen 800 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	2
Orthopedics	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	SUNDAY SHANKS	

Orthopedics	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary	This patient is new here. She is 50 years of age and suffers with multiple orthopedic ailments including neck and low back pain but the main problem is left hip pain. It is within her groin and radiates around to the side of her hip. She takes meloxica; This 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.	1
Orthopedics	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; 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
Orthopedics	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1

Orthopedics	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	si joint 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.; 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	1
Orthopedics	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	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 not experiencing hematuria.; Kidney/Ureteral stone; This is a 37-year-old gentleman who is well known to me. At this point he is manifesting signs and symptoms consistent with left L5/S1 radiculopathy. I am going to ask him to double his gabapentin both morning and evening. I am also going to give him a; Yes this is a request for a Diagnostic CT	1
Orthopedics	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; The fact that she is so tender makes me consider the possibility of a hernia or some other visceral problem. We discussed options and she has been bothered enough by this with worsening symptoms over 3 years that I recommended further imaging. We are go; Yes this is a request for a Diagnostic CT	1
Osteopath	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D 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	1

Osteopath	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 seizures; There has not been a previous Brain MRI completed. 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	1
Osteopath	Approval	71250 CT CHEST, THORAX		1

Osteopath	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>This is a request for an upper extremity joint MRI.; 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.; 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.; 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 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 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 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 been treated with anti-inflammatory medication in conjunction with this complaint.; This study is being ordered by the operating surgeon for pre-operative planning.</p>	1
Osteopath	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury</p>	1

Osteopath	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1
Osteopath	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 female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Other	Approval	70336 MRI TEMPROMANDIBULAR JOINT,TMJ,JAW JOINT	This is a request for a temporomandibular joint MRI.	4
Other	Approval	70450 CT BRAIN, HEAD	< 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.	1

Other	Approval	70450 CT BRAIN, 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.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.	1
Other	Approval	70450 CT BRAIN, HEAD 70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	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 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"	1
Other	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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.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	1
Other	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D 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	1

Other	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	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. 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.	1
Other	Approval	70547 Mr angiography neck w/o dye		1
Other	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 has a chronic or recurring headache.	1
Other	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.; 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).	1

Other	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.	3
Other	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 stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	1
Other	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	2
Other	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	2
Other	Approval	71250 CT CHEST, THORAX	< 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.; 6/20/17; There has been treatment or conservative therapy.; extreme fatigue, fever,; injections	1

Other	Approval	71250 CT CHEST, THORAX	; 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
Other	Approval	71250 CT CHEST, THORAX	According to radiologist:	
Other	Approval	71250 CT CHEST, THORAX	Per Dr. Walker	
Other	Approval	71250 CT CHEST, THORAX	unkkown; 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.; It is not known if the ordering physician is a hematologist/ oncologist.	1
Other	Approval	71550 MRI CHEST	< 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.; a week ago; There has not been any treatment or conservative therapy.; rib pain, back pain	1
Other	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 ; 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
Other	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1

Other	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 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
Other	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.	1
Other	Approval	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 then once for these symptoms.; It is not known if the physician has directed conservative treatment for the past 6 weeks.	1
Other	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 completed 6 weeks of physical therapy?	1

Other	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	2
Other	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)	2
Other	Approval	72192 CT PELVIS WITHOUT CONTRAST	None; 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	1
Other	Approval	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."; Pain, small tear in right shoulder from 2015	1
Other	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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.	1

Other	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; 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 oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1
Other	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< 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.; CHRONIC PAIN, LOCKING, SWELLING, CRACKING & Popping, TROUBLE WALKING, STANDING, LIMITED RANGE OF MOTION, ABNORMAL XRAYS; 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 ; This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; A fine needle aspirate is planned in the next 30 days.; This study is NOT being ordered for evaluation of Morton's Neuroma.; It is unknown if a biopsy has been completed.	2
Other	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< 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.; CHRONIC PAIN, LOCKING, SWELLING, CRACKING & Popping, TROUBLE WALKING, STANDING, LIMITED RANGE OF MOTION, ABNORMAL XRAYS; 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 ; This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; A fine needle aspirate is planned in the next 30 days.; This study is NOT being ordered for evaluation of Morton's Neuroma.; It is unknown if a biopsy has been completed.	1

Other	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.	1
Other	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	patients in office x-ray revealed a fractured distal patella. patient is scheduled to see an orthopedic surgeon on 7/20/17 for possible 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.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.	1
Other	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.	3

Other	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; Surgery or other intervention is planned in the next 4 weeks.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	1
Other	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.	1
Other	Approval	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 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.	1
Other	Approval	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 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.	1
Other	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< 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, 	

Other	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< 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.; 6/20/17; There has been treatment or conservative therapy.; extreme fatigue, fever,; injections	1
Other	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< 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.; 8/10/2017; There has been treatment or conservative therapy.; pain; medication	1
Other	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1
Other	Approval	74176 CT ABD & PELVIS W/O CONTRAST	post op patient; This is a 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

Other	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1
Other	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	2
Other	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; <Enter Additional Clinical Information>; Yes this is a request for a Diagnostic CT	1
Other	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1

Other	Approval	74176 CT ABD & PELVIS W/O CONTRAST	unkkown; 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.; It is not known if the ordering physician is a hematologist/ oncologist.	1
Other	Approval	74181 MRI ABDOMEN 75635 CTA AA&BI ILIOFEM LXTR RS&I C- /C+ POST-PXESSING	< 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.; a week ago; There has not been any treatment or conservative therapy.; rib pain, back pain	1
Other	Approval		Yes, this is a request for CT Angiography of the abdominal arteries.	1
Other	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 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.	1

Other	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		<p>This is a request for a Tumor Imaging PET Scan; 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 sstudy, or biopsy.; The suspicion of cancer is based on a more than 1 of the following; diagnostic test, imaging sstudy, or biopsy.; This study is being ordered to establish a cancer diagnosis.; This study is being ordered to establish a cancer diagnosis.; This study is being requested for Colo-rectal Cancer.; This study is being requested for Colo-rectal Cancer.; This would be the first PET Scan performed on this patient for this cancer.; This would be the first PET Scan performed on this patient for this cancer.; This is NOT a Medicare member.; This is NOT a Medicare member.</p>	1
Other	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening		<p>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.</p>	1
Other	Disapproval	70450 CT BRAIN, HEAD	<p>Radiology Services Denied Not Medically Necessary</p>	<p>pt fell out at home; 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.</p>	1

Other	Disapproval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a neurological disorder.; 6 years; There has not been any treatment or conservative therapy.; Off balance, dizzy, hyper hearing sensitivity, tinnitus, 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	1
Other	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 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.	1
Other	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Ataxia cognitive 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 does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1

Other	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for a neurological disorder.; 6 years; There has not been any treatment or conservative therapy.; Off balance, dizzy, hyper hearing sensitivity, tinnitus, 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	1
Other	Disapproval	71250 CT CHEST, THORAX	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.; 8/10/2017; There has been treatment or conservative therapy.; pain; medication 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	1
Other	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	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

Other	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 2015; There has been treatment or conservative therapy.; aching, sharp pains, difficulty sleeping, depression, decreased mobility, limping, joint instability, spasm, weakness; exercises, pain management, medicines, 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</p>	1
Other	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>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.; 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.</p>	1

Other	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>&lt; Enter answer here - or Type In Unknown If No Info Given. &gt;; This study is being ordered for trauma or injury.; 2015; There has been treatment or conservative therapy.; aching, sharp pains, difficulty sleeping, depression, decreased mobility, limping, joint instability, spasm, weakness; exercises, pain management, medicines, 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 ; This study is 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 ear pain x 3 weeks;</p>	1
Otolaryngology	Approval	70450 CT BRAIN, HEAD		<p>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.</p>	1
Otolaryngology	Approval	70450 CT BRAIN, HEAD		<p>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 a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.</p>	1

Otolaryngology	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 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.	1
Otolaryngology	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.	1
Otolaryngology	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 suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is a history of serious head or skull, trauma or injury.ostct"	2
Otolaryngology	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 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.	8

Otolaryngology	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 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"	3
Otolaryngology	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 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 suspicion of acoustic neuroma, pituitary or other tumor. ostct"	1
Otolaryngology	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 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 suspicion of neoplasm, or metastasis.ostct"	4
Otolaryngology	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 suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	35

Otolaryngology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	; This study is being ordered for Vascular Disease.; ONE YEAR AGO; It is not known if there has been any treatment or conservative therapy.; Pt has tinitis in right ear, hearing loss in both ears, dizziness.	1
Otolaryngology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	Arthralgia of right temporomandibular joint; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/15/2017; There has been treatment or conservative therapy.; Arthralgia of right temporomandibular joint; 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

Otolaryngology

Approval

70480 CT ORBIT,EYE
SOCKET, SELLA TURCICA,
POSTERIOR FOSSA,EAR
ETC.

left ear pain and infections recurrent and also bilateral supraclavicular swelling- Patient reported this is a new finding; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; left otalgia Patient is a 56 year old female complaining today of left ear pain. Patient states she has had recurrent ear infections in her LEFT ear since July. During an episode she has dull, aching pain, diminished hearing, pressure and roaring tinnitus; There has been treatment or conservative therapy.; left ear pain. Patient states she has had recurrent ear infections in her LEFT ear since July. During an episode she has dull, aching pain, diminished hearing, pressure and roaring tinnitus in her left ear only;

Otolaryngology

Approval

70480 CT ORBIT,EYE
SOCKET, SELLA TURCICA,
POSTERIOR FOSSA,EAR
ETC.

This is a request for an Internal Auditory Canal CT.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent abnormal auditory brainstem response.; The patient has not had a recent abnormal brain CT or MRI.; There are neurological symptoms of one-sided hearing loss or sudden onset of ringing in 1 or both ears.; There is a new and sudden onset of one-sided ear pain not improved by pain medications.; The patient has not had a normal brain CT or MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; This is a pre-operative evaluation for a known tumor of the middle or inner ear.

Otolaryngology	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	This is a request for an Internal Auditory Canal CT.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent abnormal auditory brainstem response.; The patient has not had a recent abnormal brain CT or MRI.; There are not neurological symptoms of one-sided hearing loss or sudden onset of ringing in 1 or both ears.; There is not a new and sudden onset of one-sided ear pain not improved by pain medications.; The patient has not had a normal brain CT or MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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	4
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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.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	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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.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	2

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Diagnostic CT	5
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	< 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	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune- compromised.; Yes this is a request for a Diagnostic CT	1

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	4
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	; 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	1

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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 (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	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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 (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	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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	3
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	; 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	1

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	C/o no sense of smell. Pt can't smell at all unless it is a strong odor. Pt states that he can smell peppermint and has been able to smell rubbing alcohol before. Pt was allergy tested at Hedberg Allergy and gets allergy shots once monthly (year round all; 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	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	chronic sinusitis, 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 Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Chronis Sinusitis - 8 months	

Otolaryngology

Approval

70486 CT SINUS,
FACE,JAW,MANDIBLE,M
AXILLOFACIAL NO
CONTRAST

Cynthia is a 54-year-old lady here today for evaluation of globus sensation. She says for the last several months. She has had a feeling of something in her throat. Almost like there is just a ball on the back of throat. She says it is much more notic; 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; Yes this is a request for a Diagnostic CT

1

Otolaryngology

Approval

70486 CT SINUS,
FACE,JAW,MANDIBLE,M
AXILLOFACIAL NO
CONTRAST

Evaluate sinus. She says she has had a constant sinus infection since October and she has been treated with cefdinir, Doxycycline, Augmentin, MDP and Septra. She complains of PPP, PND, nasal congestion and headaches. She has a right nasal preference an; 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

1

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Greater than 12 weeks of self treatment. Facial pressure. 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	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	HPI 	
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	large palape tissue, snoring nightly, has chronic sinusitis; 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	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Left chronic maxillary, ethmoid and frontal sinusitis, in the middle of continued round of antibiotics. He this has been going on for approximately 2-3 months. I recommend saline irrigations, Mucinex, and finishing his round of antibiotics for another 3; 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	1

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	n/a; n/a; This study is being ordered for Inflammatory/ Infectious Disease.; This study is being ordered for Inflammatory/ Infectious Disease.; 7/17; 7-17; There has been treatment or conservative therapy.; There has been treatment or conservative therapy.; chronic sinusitis, cough, drainage, wheezing , reoccurrence sinusitis .; chronic sinusitis, cough, drainage, wheezing , reoccurrence sinusitis; steroids, antibiotics, histamines; Steroids, antibiotics, histamines; 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	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	n/a; 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	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Nasal obstruction x 3 years. They also experience epistaxis. Polypoid mass right middle meatus with purulent rhinorrhea noted on exam. Previous sinus surgery in 2011.; 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	1

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	None; 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 physician is not a hematologist/ oncologist.	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	nose bleed, drainage, been on several antibiotics; 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	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Patient is 34 y/o WM with nasal obstruction, and deviated nasal septum and large right inferior turbinate. He had allergy testing in 2011 and it was negative.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Patient states recurrent sinus infections for approx one year. States treatment has included antibiotics, steroids, nasal sprays and antihistamines none of which have helped.; 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	1

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Pt has a long h/o sinus infections, facial pain and pressure, nasal congestion and allergies, on multiple abxs and allergy meds.; 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	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	pt has been on 5 antibiotics over a 5mth period along w/steroid injections no relief plus she has been on flonase; 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	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Pt has h/x of cancer in the nasal cavity - f/u post radiation; 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	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Pt has lost his sense of smell. Nothing has happened to cause this problem and the pt states it is chronic.	

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Pt has sinusitis; this is to determine the cause of the chronic 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 Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	pt. have headaches, drainage, been on antibiotics;; 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	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	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	22
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	This study is being ordered for a known or suspected tumor.; This study is being ordered for a known or suspected tumor.; This is a request for a Sinus CT.; This is a request for a Sinus CT.; Yes this is a request for a	1
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	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	2
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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	8

Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	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	35
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	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	14
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	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	3
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	18
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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	118
Otolaryngology	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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 Recurrent Acute	30
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	10
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST		1

Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	< 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 ; This is a request for neck soft tissue CT.; It is not known if the patient has been diagnosed with cancer.;	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger ; This study is being ordered for a metastatic disease.;	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	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 ; This study is being ordered for a metastatic disease.;	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ; This study is being ordered for a metastatic disease.;	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	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 ; This study is being ordered for something other than:	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;	1

Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO 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.; 3 years; 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 34 yr old female pt w/ difficulty swallowing; 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-61 y.o. M with h/o recurrent tongue pT3N0 SCCa s/p near total glossectomy and reconstruction for free flap; 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 Arthralgia of right temporomandibular joint; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/15/2017; There has been treatment or conservative therapy.; Arthralgia of right temporomandibular joint; meds; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		1

Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	left ear pain and infections recurrent and also bilateral supraclavicular swelling- Patient reported this is a new finding; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; left otalgia Patient is a 56 year old female complaining today of left ear pain. Patient states she has had recurrent ear infections in her LEFT ear since July. During an episode she has dull, aching pain, diminished hearing, pressure and roaring tinnitus; There has been treatment or conservative therapy.; left ear pain. neck mass and it's been biopsied for ca; unknown primary; 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	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	need to rule out lipoma, need scan before possible surgery, hx of tobacco use; 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	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	On examination, neck mass(es) is/are noted in mobile mass just above cricoid cartilage measuring just under 1 cm. Mobile mass just above cricoid cartilage measuring just under 1 cm; 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.; 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	1

Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Right tonsil abscess that has increased in size a day after I&D. Suspected involved infection that may require surgical intervention.; 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 This is a request for neck soft tissue CT.; It is unknown if there has been recent trauma or other injury to the neck.;	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	It is unknown if there is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; There This is a request for neck soft tissue CT.; It is unknown if there has been recent trauma or other injury to the neck.;	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	There is suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a This is a request for neck soft tissue CT.; The patient has been diagnosed with cancer.;	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	The patient has a neck lump or mass.; There is a palpable neck mass or lump.;	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	The size of the neck mass is unknown.;	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	The neck mass has been examined twice at least 30 days apart.;	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	This is a request for neck soft tissue CT.; The study is being ordered for Follow Up.;	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	The patient has a known tumor or metastasis in the neck.;	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.;	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	There are new or This is a request for neck soft tissue CT.; The study is being ordered for Initial Staging.;	3
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	The patient has a known tumor or metastasis in the neck.;	3
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Yes this is a This is a request for neck soft tissue CT.; There has been recent trauma or other injury to the neck.;	3
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	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.;	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	There is no suspicion of or known tumor, metastasis, lymphadenopathy, or mass.;	1
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	There is a suspicion of an	1

Otolaryngology	Approval	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 not a suspicion of an infection or abscess.; This is being ordered by an	3
Otolaryngology	Approval	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	67
Otolaryngology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	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	1
Otolaryngology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	; This study is being ordered for Vascular Disease.; ONE YEAR AGO; It is not known if there has been any treatment or conservative therapy.; Pt has tinitis in right ear, hearing loss in both ears, dizziness.	1
Otolaryngology	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST		
Otolaryngology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the brain. ; This study is being ordered for Vascular Disease.; ONE YEAR AGO; It is not known if there has been any treatment or conservative therapy.; Pt has tinitis in right ear, hearing loss in both ears, dizziness.	1
Otolaryngology	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST		
Otolaryngology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	Yes, this is a request for CT Angiography of the Neck.	1
Otolaryngology	Approval			1

Otolaryngology	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 suspicion of neoplasm, tumor or metatstasis	1
Otolaryngology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	none; This study is being ordered for a neurological disorder.; 06/01/2016; It is not known if there has been any treatment or conservative therapy.; hearing loss	1
Otolaryngology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	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.	1
Otolaryngology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	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
Otolaryngology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This is a request for a Face MRI.; There is a history of orbit or face trauma or injury.	1
Otolaryngology	Approval	70544 Mr angiography head w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; 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.	1
Otolaryngology	Approval	70544 Mr angiography head w/o dye	< 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 physician is not a hematologist/ oncologist.	1

Otolaryngology	Approval	70544 Mr angiography head w/o dye	none; This study is being ordered for a neurological disorder.; 06/01/2016; It is not known if there has been any treatment or conservative therapy.; hearing loss tinnitus	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
			< 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; 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.	
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< 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	1
Otolaryngology	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	1

Otolaryngology	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.	1
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.; 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	1
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 not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of	1
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 not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of 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	3
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 not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of 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	1

Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Evaluate ears. She is here today saying she had an acoustic neuroma about 20 years and was removed in San Diego CA and she is wanting to make sure she it is not growing. She did have MRI at hospital in Mountain FOLLOW UP IN MEMBER WITH DYSPHAGIA, MRI RECOMMENDED TO RULE OUT 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.; A metabolic work-up done including urinalysis, electrolytes, and complete blood count with results 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.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	HPI Evaluate left ear. She is here today reporting left ear pain and tinnitus. She is here today after being seen by Garrett Wray APN saying her left ear pain and tinnitus is worse at night when laying on her side and raising her head. She was prescribed ; 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	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1

Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	interesting history. Over the past several years she has had episodes of facial pain, pressure, right aural fullness, headache, with vertiginous symptoms. She was seen for this 7 years ago and had a normal sinus CT with the exception of some lateral ventr; 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.;	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Kevin D. Darr is a 43 year old Caucasian/White male that presents at this time for eval of vertigo and ears. Pt c/o vertigo, feels like the room is spinning, blackout for a few seconds, L ear pain, migraine headache,	
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	left-sided tinnitus, hearing loss, and temporal 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.	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	n/a; 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 no improvement after steroids, numbness, pain and sound distortion in the right 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;	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	none; This study is being ordered for a neurological disorder.; 06/01/2016; It is not known if there has been any treatment or conservative therapy.;	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	hearing loss	1

Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient is 64 y/o WF with continued disturbance of taste and smell x 2 years. She has tried the Fluticasone and multivitamin with zinc 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; A metabolic work up was not pulsatile tinnitus; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.;	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing Results of Beta 2 Transferrin called to patient. CSF was detected in specimen from left side of nose. CT showed there is an irregularity in roof of ethmoids on the left. We need a MRI of the brain prior to doing an endoscopic repair of a left ethmoid Ce; 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;	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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, Ruling out tumor. Dizzy for over 1 month, lost 30 lbs weight.; 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.;	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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	1

Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	sense of smell is altered; 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.; SUDDEN ACUTE OROPHARYNGEAL DYSPHAGIA. NEUROGENIC DYSPHAGIA; 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	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a request for an Internal Auditory Canal MRI.;	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	There is a suspected Acoustic Neuroma or tumor of the inner or middle ear. This is a request for an Internal Auditory Canal MRI.;	53
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a request for an Internal Auditory Canal MRI.;	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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	1

Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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 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	1
Otolaryngology	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; The condition is associated with headache, blurred or double vision or a change in 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 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 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	3
Otolaryngology	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.; 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 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	1
Otolaryngology	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.; 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 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	1
Otolaryngology	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.; 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 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	1

Otolaryngology	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	4
Otolaryngology	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 recent neurological deficits on exam such as one sided	1
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.; 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	5
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.; 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	1
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.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient did not have a normal	9
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 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 notes	1

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 recent neurological symptoms such as one-sided weakness, This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The headache is 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	4
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		2
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.; 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.	3
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.; This study is being ordered for a tumor. Vertigo.... hearing lost ...running in to wallsclog ears; 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	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1

Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	will fax in clinicals; 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.; 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,	1
Otolaryngology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
Otolaryngology	Approval	71250 CT CHEST,		1
Otolaryngology	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	1
Otolaryngology	Approval	71250 CT CHEST, THORAX	"The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being	1
Otolaryngology	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	4
Otolaryngology	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "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	1

Otolaryngology	Approval	71250 CT CHEST, THORAX	< 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 is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a < 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	1
Otolaryngology	Approval	71250 CT CHEST, THORAX	Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT ; 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	1
Otolaryngology	Approval	71250 CT CHEST, THORAX	Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT ; 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	1
Otolaryngology	Approval	71250 CT CHEST, THORAX	Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has not been established.; Other tests such as laboratory or ; This study is 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; There has not been any treatment or conservative therapy.; ; One of the studies being	1
Otolaryngology	Approval	71250 CT CHEST, THORAX	ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs	1
Otolaryngology	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request	1

Otolaryngology	Approval	71250 CT CHEST, THORAX	Check to see if cancer has metaasized; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; It is unknown if the patient had a Low Dose CT for Lung Cancer Screening or a n/a; n/a; This study is being ordered for Inflammatory/ Infectious Disease.; This study is being ordered for Inflammatory/ Infectious Disease.; 7/17; 7-17; There has been treatment or conservative therapy.; There has been treatment or conservative therapy.; chronic sinusitis, cough, drainage, wheezing , reoccurrence sinusitis .; chronic sinusitis, cough, drainage, wheezing , reoccurrence sinusitis; steroids, antibiotics, histamines; Steroids, antibiotics, histamines; 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 ; 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	1
Otolaryngology	Approval	71250 CT CHEST, THORAX 73725 MRA, MRI ANGIOGRAPHY LOWER EXTREMITY WITH/WITHOUT CONTRAST	CT/MRI.; 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	1
Otolaryngology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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 NOT a head and/or neck tumor that has been persistent over 3 months.; This study is being requested for Head/Neck Cancer.; The	1
Otolaryngology	Approval	78813 PET IMAGING WHOLE BODY		1
Otolaryngology	Approval	78813 PET IMAGING WHOLE BODY		1

Otolaryngology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	neck mass and it's been biopsied for ca; unknown primary; 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	1
Otolaryngology	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 Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be	2
Otolaryngology	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 Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient	1
Otolaryngology	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 Ovarian or Esophageal Cancer.; This would be the first PET Scan performed on this	1
Otolaryngology	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 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	1
Otolaryngology	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 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	1

Otolaryngology	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 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.; 2 PET Scans have	1
Otolaryngology	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 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.; 3 PET Scans have	1
Otolaryngology	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 subsequent treatment.; This study is being requested for Lung Cancer.; It is unknown if the patient has been diagnosed with small	1
Otolaryngology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		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	1
Otolaryngology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	FRONTAL HEADACHES, DIZZINESS, NECK 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.; FRONTIAL HEADACHES, DIZZINESS, NECK PAIN AND SWELLING; There has not been any treatment or	1

Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; PT HAS CHRONIC SINUSITIS AND ANOSMIA; There has been treatment or conservative therapy.; Patient reports perennial bilateral nasal obstruction, right mildly worse than left, and chronic ; 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	1
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	smell, which are less than 12 wks in duration); Yes this ; 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	1
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	smell, which are less than 12 wks in duration); Yes this is a request for a Diagnostic CT ; This is NOT a Medicare	1

Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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 Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT FRONTAL HEADACHES, DIZZINESS, NECK 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.; FRONTIAL HEADACHES, DIZZINESS, NECK PAIN AND SWELLING; There has not been any treatment or	1
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Her reason for this visit is Pain in the L forehead and midface. 	1
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Her reason for this visit is sinus infection. 	
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	HPI 	

Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	HPI Evaluate sinus. She says she has had a constant sinus infection for the past 2 years. She has been treated with Cipro Levaquin 750 mg, Levaquin 500 mg, Cipro 500 mg, Septra, Cefdinir, Cephalexin, Rocephin injection, Steroid injections Prednisone tape; 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	1
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Left maxillary sinus pain or tenderness, uncertain etiology. Dental x-rays have been negative. MRI scans of the brain have been negative.; 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 mucopyocele The patient is a 20 year old male who sustained a left orbital fracture and left frontal sinus comminuted fracture jumping on trampoline. He was also found to have a right frontal mucopyocele at time of evaluation for fractures. He underwent ; 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	1
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	n/a; 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	1
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary		1

Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Nasal congestion along with facial pain and pressure. She has been on 10 rounds of antibiotics in the last year with no relief.; 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 none; 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 Recent dental xray indicated something possibly in the sinuses.; 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.; recurrent sinusitis; 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	1
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	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	1
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	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 symptoms are described as Chronic	2
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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 Recurrent Acute unknown; This study is being ordered for sinusitis.;	1
Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic	1

Otolaryngology	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	unknown; 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 < Enter answer here - or Type In Unknown If No Info Given. >; This is a request for neck soft tissue CT.;	1
Otolaryngology	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	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	1
Otolaryngology	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	His reason for this visit is swollen gland left neck.  None; 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	1
Otolaryngology	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	R/O compressive mass or lesion; This study is 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 >; R/O mass, right ear pain, smoker; 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,	1
Otolaryngology	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary	suspicious infection/abcess or a pre-operative starting last fall, he began developing dyspnea when lying down as well as an audible stertor when lying down, both when awake and asleep. He denies history of reflux, dysphagia, sore throat, voice changes, rhinorrhea, postnasal drainage, neck mass. I r; 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	1
Otolaryngology	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary		1

Otolaryngology	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.; The study is being ordered for Initial Staging.; The patient has a known tumor or metastasis in the neck.; Yes this is a	1
Otolaryngology	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 been recent trauma or other injury to the neck.; Yes this is a request for a Diagnostic CT	1
Otolaryngology	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 suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a	1
Otolaryngology	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. None; 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	1
Otolaryngology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	Colonoscopy, EBCT, MRS, PET Scan, or Unlisted Audiogram was worked in today. She had significant right sensorineural hearing loss. Left side was normal.	1
Otolaryngology	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	Tympanograms are type A on both sides.< 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 >; It is not known if	1
Otolaryngology	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 a chronic or recurring headache.	1
Otolaryngology	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 has a sudden and severe headache.; The patient had a recent onset (within the	1

Otolaryngology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; PT HAS CHRONIC SINUSITIS AND ANOSMIA; There has been treatment or conservative therapy.; Patient reports perennial bilateral nasal obstruction, right mildly worse than left, and chronic ; 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 recommended CT of the neck and chest to rule out underlying compressive mass or lesion as well as pulmonology evaluation, with which he agrees. There is no mass or lesion to the level of the vocal cords. He does not always have obvious signs of sleep ap; A Chest/Thorax CT is being ordered.; The study is being	1
Otolaryngology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; < 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 >; It is not known if	1
Otolaryngology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary		1
Otolaryngology	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Radiology Services Denied Not Medically Necessary	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	1
Otolaryngology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Otolaryngology	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary		1

Pediatric Oncology	Approval	70544 Mr angiography head w/o dye	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1
Pediatric Oncology	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	1
Pediatric Oncology	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1
Pediatric Oncology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1
Pediatric Oncology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1
Pediatric Oncology	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1

Pediatrics	Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Pediatrics	Approval	70450 CT BRAIN, HEAD	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Pediatrics	Approval	70450 CT BRAIN, HEAD	EPT with c/o vertigo, mental status changes, double vision, hypersomnia; 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; Metallic implants such as Pacemakers, ICD (cardioverter/defibrillator),	1
Pediatrics	Approval	70450 CT BRAIN, HEAD	fall from table knocked out; 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	1
Pediatrics	Approval	70450 CT BRAIN, HEAD	PT INVOLVED IN AN MVA. GRADUAL ONSET OF HEADACHE WITH NAUSEA. PT TAKING PLAVIX, AND HAS A HISTORY OF TIA.; 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	1
Pediatrics	Approval	70450 CT BRAIN, HEAD	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	4
Pediatrics	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	1

Pediatrics	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	4
Pediatrics	Approval	70450 CT BRAIN, HEAD	This is a request for a brain/head CT.; There is not a suspected or known brain tumor.; The patient currently does not have cancer.; This is a evaluation for a bone tumor or abnormality of the skull.; This study is being	1
Pediatrics	Approval	70450 CT BRAIN, HEAD	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	1
Pediatrics	Approval	70450 CT BRAIN, HEAD	THIS IS THE FIRST AND THE WORSE HEADACHE PATIENT HAS EVER HAD. IT HAS BEEN ONGOING FOR 6 WEEKS. REFRACTORY TO ALL MEDS; This is a request for a brain/head CT.; There is headache not improved by pain medications.; "There are no recent neurological	1
Pediatrics	Approval	70450 CT BRAIN, HEAD 70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO	; 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.;	1
Pediatrics	Approval	CONTRAST 70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO	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	1
Pediatrics	Approval	CONTRAST 70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO	rhinosinusitis symptoms are described as Chronic This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	2
Pediatrics	Approval	CONTRAST 70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO	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	1
Pediatrics	Approval	CONTRAST	symptoms are described as Chronic Rhinosinusitis	1

Pediatrics	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	UNKNOWN.; This study is being ordered for Inflammatory/ Infectious Disease.; UNKNOWN; It is not known if there has been any treatment or conservative therapy.; UNKNOWN	1
Pediatrics	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Pediatrics	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Pediatrics	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D 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	1
Pediatrics	Approval	70496 CT ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the brain. There is not a suspicion of an infection or abscess.;	1
Pediatrics	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an This study is being ordered for a metastatic disease.;	1
Pediatrics	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1
Pediatrics	Approval	70544 Mr angiography head w/o dye	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/2015; There has been treatment or conservative therapy.; headaches,	1

Pediatrics	Approval	70544 Mr angiography head w/o dye	RULE OUT THROMBOSIS IN BRAIN; This study is being ordered for Congenital Anomaly.; UNKNOWN; There has been treatment or conservative therapy.; FOUND THROMBOSIS OF THE RIGHT SUPERIOR VENA CAVA CAUDAL TO THE AZYGOS ARCH IS PRESENT PER CHEST 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	1
Pediatrics	Approval	70544 Mr angiography head w/o dye		1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		2
			< 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	
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 10/2015; There has been treatment or conservative therapy.; headaches, stiffness in upper extremities, altered mental state, vomiting; motrin	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		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	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 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	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.; Requested for evaluation of tumor; It is not known if a biopsy has 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	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;	1

Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	ANDREW WITH SHORT STATURE PRESENTS FOR FOLLOW UP . BONE AGE AT TIME WAS 7 YEARS AT HIS CA.; 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
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Called dad back this am. He reports that she continues to have a HA that is frontal. No better, but no worse. No triggers have been identified. She has had full ophtho exam which was normal, per dad. She is able to sleep and does not report any pain that h; 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
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	CHILD WITH SHORT STATURE. 	

Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	family history of brain tumor with migraines; 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
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	RULE OUT THROMBOSIS IN BRAIN; This study is being ordered for Congenital Anomaly.; UNKNOWN; There has been treatment or conservative therapy.; FOUND THROMBOSIS OF THE RIGHT SUPERIOR VENA CAVA CAUDAL TO THE AZYGOS ARCH IS PRESENT PER CHEST MRA PERFORMED 8/14/17. MRI/MRA BRAIN IS RECOMMENDED.; PERIODIC RED CELL EXCHANGE	1

Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>Since no obvious triggers for new onset headaches that are awakening him at night (such as allergy flare, stress, etc) will go ahead and refer for MRI to further evaluate. Call ASAP if notices change in neuro/dev status, etc. Mom will keep diary of sxs, p; 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)</p> <p>THE MRI IS SCHEDULED TO RULE OF CHIARI 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,</p>	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>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</p>	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	<p>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</p>	2

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 presenting with a sudden change in severity, associated	6
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 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.	4
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 recent neurological deficits on exam such as one sided	4
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 associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have	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 patient has not undergone treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There are recent	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.; Requested due to trauma or injury.; There are new, intermittent symptoms or deficits such as one sided weakness,	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.; 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,	1
Pediatrics	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been 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	1
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	UNKNOWN; 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 a pituitary tumor or pituitary adenoma.; There are not physical findings or	1

Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	unknown; This study is being ordered for Congenital Anomaly.; 06/25/2016; There has been treatment or conservative therapy.; back pain, headache; nureo surgent; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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
Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	When Pt jumps or runs get a headache fro front to the back of the head; 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).	1

Pediatrics	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	WILL FAX IN CLINICALS; 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.	1
Pediatrics	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 "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 "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	2
Pediatrics	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 "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	1
Pediatrics	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	1
Pediatrics	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "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	1

Pediatrics	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Pediatrics	Approval	71250 CT CHEST, THORAX	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
Pediatrics	Approval	71250 CT CHEST, THORAX	12 YEAR OLD WITH HISTORY OF CYSTIC FIBROSIS WHO HAS HAD A RESPIRATORY ILLNESS THAT STARTED IN THE LAST SEVERAL WEEKS; 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	1
Pediatrics	Approval	71250 CT CHEST, THORAX	It is not known if there is radiologic evidence of mediastinal widening.; There is no physical or radiologic evidence of a chest wall abnormality.; pt c/o persistent chest pain post MVA.; The ordering physician a is NOT a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The	1
Pediatrics	Approval	71250 CT CHEST, THORAX	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	1
Pediatrics	Approval	71250 CT CHEST, THORAX	CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been UNKNOWN.; This study is being ordered for	1
Pediatrics	Approval	71250 CT CHEST, THORAX	Inflammatory/ Infectious Disease.; UNKNOWN; It is not known if there has been any treatment or conservative	1
Pediatrics	Approval	71550 MRI CHEST	This study is being ordered for a known tumor.; The ordering physician is an oncologist, surgeon, pulmonologist, or cardiologist.; The patient is not 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 chest MRI.; The patient has had 3 or fewer chest MRIs.	1

Pediatrics	Approval	71555 MRA, MRI ANGIOGRAPHY CHEST[NOT MYOCARDIUM] WITH/WITHOUT CONTRAST	POSSIBLE PORT CLOT; This is a request for an MR Angiogram of the chest or thorax	1
Pediatrics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< 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.; 18 months old; There has been treatment or conservative therapy.; unable to get feet flat; external casting, 3 months PT after each casting; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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
Pediatrics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; ; There has been treatment or conservative therapy.;	1
Pediatrics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	FURTHER EVALUATION; This study is being ordered for a neurological disorder.; JANUARY 2017; There has not been any treatment or conservative therapy.; PAIN ON RIGHT SIDE OF BODY, NUMBNESS AND TINGLING IN RIGHT HAND, RIGHT FOOT THAT HAS WORSENERD OVER THE LAST 6 MONTHS. MRI BRAIN 6/17 WAS REPORTED AS "SYMMETRICAL PERIVENTRICULAR T2 AND FLAIR HYPERINTENSITIES WITH NO CONTRAST ENHANCEMENT"	1

Pediatrics	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.	1
Pediatrics	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	unknown; This study is being ordered for Congenital Anomaly.; 06/25/2016; There has been treatment or conservative therapy.; back pain, headache; nureo surgent; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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 study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 18 months old; There has been treatment or conservative therapy.; unable to get feet flat; external casting, 3 months PT after each casting; One of the studies being ordered is NOT a Breast MRI, CT	1
Pediatrics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	6 mo of conservative therapy including NSAID, massage chiropractor and pt exercises without relief; 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	1
Pediatrics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		1

Pediatrics	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	FURTHER EVALUATION; This study is being ordered for a neurological disorder.; JANUARY 2017; There has not been any treatment or conservative therapy.; PAIN ON RIGHT SIDE OF BODY, NUMBNESS AND TINGLING IN RIGHT HAND, RIGHT FOOT THAT HAS WORSENERD OVER THE LAST 6 MONTHS. MRI BRAIN 6/17 WAS REPORTED	1
Pediatrics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The	1
Pediatrics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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.; 18 months old; There has been treatment or conservative therapy.; unable to get feet flat; external casting, 3 months PT after each casting; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, 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
Pediatrics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	FURTHER EVALUATION; This study is being ordered for a neurological disorder.; JANUARY 2017; There has not been any treatment or conservative therapy.; PAIN ON RIGHT SIDE OF BODY, NUMBNESS AND TINGLING IN RIGHT HAND, RIGHT FOOT THAT HAS WORSENERD OVER THE LAST 6 MONTHS. MRI BRAIN 6/17 WAS REPORTED	1
Pediatrics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	PATIENT HAS AN INJURY DURING SPORTS; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of	1

Pediatrics	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	4
Pediatrics	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 x-ray indicating a significant abnormality	2
Pediatrics	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)	2
Pediatrics	Approval	72148 MRI LUMBAR SPINE OR LOW BACK 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1
Pediatrics	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The 17 YR OLD WITH HISTORY OF GARDNER'S SYNDROME WITH A HISTORY OF COLECTOMY R/T DESMOID TUMOR IN 2010 WITH EVENTUAL RE-ANASTOMOSIS/POUCH. ALSO HAS HISTORY OF DESMOID TUMOR OF THE BREAST S/P RESECTION IN 2013 AND ABDOMINAL DESMOID RESECTION IN MARCH 2014. SH; This study is being ordered for a metastatic disease.; There are 2 exams are being	1
Pediatrics	Approval	72196 MRI PELVIS	ordered.; One of the studies being ordered is NOT a MRE FOR CROHN'S DISEASE FOLLOW UP; This study is being ordered for Inflammatory/ Infectious Disease.; 2/2017; There has been treatment or conservative therapy.;	1
Pediatrics	Approval	72196 MRI PELVIS	PERIUMBILICAL ABDOMINAL PAIN,	1
Pediatrics	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for	1
Pediatrics	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	1

Pediatrics	Approval	72196 MRI PELVIS	<p>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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted</p> <p>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."; BRODY IS A 17 YEAR OLD MALE WHO</p> <p>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</p> <p>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 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</p> <p>; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.</p>	1
Pediatrics	Approval	73221 MRI JOINT OF UPPER EXTREMITY		2
Pediatrics	Approval	73221 MRI JOINT OF UPPER EXTREMITY		1
Pediatrics	Approval	73221 MRI JOINT OF UPPER EXTREMITY		1
Pediatrics	Approval	73221 MRI JOINT OF UPPER EXTREMITY		1
Pediatrics	Approval	73221 MRI JOINT OF UPPER EXTREMITY		1
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		2

Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Discussed with mom that I am concerned about the possibility of osteomyelitis to his foot due to the pain and sudden redness and swelling to the top of foot/ankle. Will send off for ESR and CRP, CBC reassuring today. Will obtain results of MRI today hop; This study is being ordered for trauma or injury.; 09/09/2017; There has not been any treatment or conservative therapy.; JOSEPH sustained an injury to the left foot. Event occurred 2 days ago.. Associated symptoms include swelling and warmth. He denies bruising. There has been no fever or chills. Mom states that Saturday after playing football, he began complaining of; One of the studies being ordered is 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 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 This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; It is not known if patient 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.; <Additional This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	2
Pediatrics	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	1
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Limited range of motion	1
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		3
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		2

Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	1
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	5
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Pediatrics	Approval	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 not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes,	2
Pediatrics	Approval	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 not normal.; 4X3cm irregular ossified lesion along the posterior lateral aspect of knee joint found on plain films. Further evaluation with MRI suggested.;	1
Pediatrics	Approval	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 not normal.; The ordering physician is not an orthopedist.;	1
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Pediatrics	Approval	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	2

Pediatrics	Approval	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 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	1
Pediatrics	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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 steriod therapy (Prednisone or Cortisone).; The	1
Pediatrics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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	1
Pediatrics	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	The patient had an abnormal plain film study of the hip < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	1
Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1
Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1
Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease; No, the patient has not	3

Pediatrics	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 Hematuria.; Other; Yes this is a request for a Diagnostic CT	1
Pediatrics	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 unexplained weight loss of greater than 10% body weight in 1 month; Other; Yes this is a request for a Diagnostic CT	1
Pediatrics	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; <Enter Additional 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	1
Pediatrics	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; abdominal pain; Yes 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; LUQ pain, LUQ tenderness with palpation, possible organ enlargement	1
Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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 an abdomen-pelvis CT combination.; There is no 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	4
Pediatrics	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 new symptoms including hematuria.; Suspicious Mass or Tumor; Yes this is a request for a Diagnostic CT	1

Pediatrics	Approval	74176 CT ABD & PELVIS W/O 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been UNKNOWN.; This study is being ordered for	1
Pediatrics	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Inflammatory/ Infectious Disease.; UNKNOWN; It is not known if there has been any treatment or conservative	1
Pediatrics	Approval	74181 MRI ABDOMEN	17 YR OLD WITH HISTORY OF GARDNER'S SYNDROME WITH A HISTORY OF COLECTOMY R/T DESMOID TUMOR IN 2010 WITH EVENTUAL RE-ANASTOMOSIS/POUCH. ALSO HAS HISTORY OF DESMOID TUMOR OF THE BREAST S/P RESECTION IN 2013 AND ABDOMINAL DESMOID RESECTION IN MARCH 2014. SH; 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	1
Pediatrics	Approval	74181 MRI ABDOMEN	MRE FOR CROHN'S DISEASE FOLLOW UP; This study is being ordered for Inflammatory/ Infectious Disease.; 2/2017; There has been treatment or conservative therapy.; PERIUMBILICAL ABDOMINAL PAIN,	1
Pediatrics	Approval	74712 Fetal MRI	This a request for a Fetal MRI.; An ultrasound of the mother been completed.; Congenital or vascular anomalies of the brain or skull has been identified or	1
Pediatrics	Approval	75557 Cardiac MRI Morph & structure w/o contrast	MILD TRICUSPID VALVE REGURGITATION, THE RIGHT VENTRICLE WAS MODERATELY HYPERTROPHIED WITH MODERATELY DECREASED RIGHT VENTRICULAR FUNCTION, THE VENTRICULAR SEPTUM WAS FLATTENED, THE RIGHT VENTRICULAR OUTFLOW TRACT COULD NOT BE WELL VISUALIZED;; This study is being ordered for Congenital Anomaly.; 03/07/1978;	1
Pediatrics	Approval	75557 Cardiac MRI Morph & structure w/o	This is a request for a heart or cardiac MRI	4

Pediatrics	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 This request is for a Coronary CT Angiography study.;	1
Pediatrics	Approval	75574 CT Angiography Heart coronary arteries, CCTA		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	1
Pediatrics	Approval	75574 CT Angiography Heart coronary arteries, CCTA		This request is for a Coronary CT Angiography study.;	1
Pediatrics	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		Yes, patient had a Nuclear Cardiology study within the past six months.;	1
Pediatrics	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 subsequent treatment.; This study is being requested for Lymphoma or Myeloma.;	1
Pediatrics	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	The patient completed a course of treatment initiated within the last 8 weeks.; 2 PET Scans have already been family history of migraines, and brain tumor; 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 unknown; 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	1
Pediatrics	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	one-sided weakness, vision defects, speech impairments or sudden onset of severe dizziness."; This	1

Pediatrics	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	There is no radiologic evidence of non-resolving pneumonia.; It is not known if there is radiologic evidence of asbestosis.; CT of thorax without, then with contrast due to weight loss, COPD, wheezing.; "The caller doesn't know if the ordering physician is 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."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or	1
Pediatrics	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	A CAT SCAN OF HER SPINE DEMONSTRATED A BONY SPICULE DIVIDING HER DURAL SAC INTO 2 AT THE T11 LEVEL, ALSO SHE HAS SPINA BIFIDA OCCULTA FROM T10-S4; This study is 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
Pediatrics	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 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	1
Pediatrics	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	A CAT SCAN OF HER SPINE DEMONSTRATED A BONY SPICULE DIVIDING HER DURAL SAC INTO 2 AT THE T11 LEVEL, ALSO SHE HAS SPINA BIFIDA OCCULTA FROM T10-S4; This study is 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

Pediatrics	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	A CAT SCAN OF HER SPINE DEMONSTRATED A BONY SPICULE DIVIDING HER DURAL SAC INTO 2 AT THE T11 LEVEL, ALSO SHE HAS SPINA BIFIDA OCCULTA FROM T10-S4; This study is 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 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 unknown; This study is being ordered for trauma or injury.; 3 weeks ago; There has not been any treatment or conservative therapy.; Pt has radiating pain in the	1
Pediatrics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	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.; 08/26/2017; 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	1
Pediatrics	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary		2
Pediatrics	Disapproval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	Radiology Services Denied Not Medically Necessary		2

Pediatrics	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 not been treated with Evaluation of pt with c/o persitent Abd pain, worse after eating, Nausea, Diarrhea, increased LFTs on recent blood work. Gallstones found on Ct scan in 2016.; 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 unknown; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 	1
Pediatrics	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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 unknown; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 	1
Pediatrics	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	MILD TRICUSPID VALVE REGURGITATION, THE RIGHT VENTRICLE WAS MODERATELY HYPERTROPHIED WITH MODERATELY DECREASED RIGHT VENTRICULAR FUNCTION, THE VENTRICULAR SEPTUM WAS FLATTENED, THE RIGHT VENTRICULAR OUTFLOW TRACT COULD NOT BE WELL VISUALIZED,; This study is being ordered for Congenital Anomaly.; 03/07/1978;	1
Pediatrics	Disapproval	75557 Cardiac MRI Morph & structure w/o contrast	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 4 exams are being ordered.	1
Pediatrics	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY	Radiology Services Denied Not Medically Necessary		1

Pediatrics	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 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	1
Physical Medicine	Approval	70450 CT BRAIN, 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.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of	1
Physical Medicine	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	1
Physical 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 completed Treatment with a facet joint or epidural	1
Physical Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		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	1
Plastic Surgery	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; This study is being requested for Hydrocephalus or congenital	1
Plastic Surgery	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 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	1
Plastic Surgery	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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	2

Plastic Surgery	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	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	1
Plastic Surgery	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	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 Pt has continuous tremors - never had it before - distinct tremor on the left side.; 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 ; 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	1
Plastic Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
Plastic Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST		1
Plastic Surgery	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A		1
Plastic Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; This request is for a	1

Plastic Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< 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.; August 2015; There has not been any treatment or conservative therapy.; pain and swelling of rt leg/knee; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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 painful/bulging area in RLQ, abdomen shows scars that healing, unable to palpitate hernia; 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.; It is not known if the requested study is a first follow up study for a post	1
Plastic Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		1
Plastic Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST 74174 CT ANGIOGRAPHY		1
Plastic Surgery	Approval	ABDOMEN AND PELVIS W/CONTRAST/NONCON	This is a request for CT Angiography of the Abdomen and Pelvis.	1
Plastic Surgery	Approval	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 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	1

Plastic Surgery	Approval	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 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	1
Plastic Surgery	Approval	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 suspected implant rupture.; Yes,this study is being ordered to evaluate a suspected silicone implant rupture. ; This is a request for an abdomen-pelvis CT combination.; A urinalysis has not been completed.;	1
Plastic Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	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	1
Podiatry	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	1
Podiatry	Approval	73700 CT LEG OR LOWER EXTREMITY		< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 4 weeks ago; There has been treatment or	
Podiatry	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 a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The	1
Podiatry	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	1
Podiatry	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	2

Podiatry	Approval	73700 CT LEG OR LOWER EXTREMITY	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 not a suspected tarsal coalition.;	1
Podiatry	Approval	73700 CT LEG OR LOWER EXTREMITY	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.; There is not a suspected tarsal	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	"There is a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle."; There is a suspected tarsal coalition.; injured at work need to rule out fracture or coalition; This is a request	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	"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 bilateral foot MRI.; lots of swelling in feet really in	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	"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.; pain for 3 mos ; did xrays and pt and	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	"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 been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this	2

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a foot MRI.; The study is being ordered forfoot 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,	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for neuroma.; The patient has had foot pain for over 4 weeks.; The patient has been treated with	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 05/11/2017; There has been treatment or conservative therapy.; limited range of motion,	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 2013; There has been treatment or	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	; 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, 44 yr old male pt w/ foreign body in left foot. xray was done, 3 views; This is a request for a foot MRI.; The study is being ordered forfoot 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,	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Acute foot pain; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for acute pain.	1

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Cyst on foot. Tendon tear in ankle. Tendonitis.; This study is being ordered for trauma or injury.; 06/05/2017; There has been treatment or conservative therapy.; Sharp pain rated 7/10. Worsening as weight is	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Enter answer here - or Type In Unknown If No Info Given FAILED 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.; 04/11/2017; There has been treatment or conservative therapy.; PATIENT HAS A PAINFUL KNOT/MASS ON TOP OF HER LEFT FOOT, X-RAY WAS NEGATIVE FOR EXOSTOSIS OR OTHER OSSEOUS PATHOLOGY IN AREA; CONSERVATIVE TX HATIENT HAS RECEIVED INCLUDES: CORTICOSTEROED INJECTION; NSAIDS; ORTHOTICS. NON OF WHICH HAVE PROVIDED ANY RELIE; This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; It is unknown if surgery, fine PT HAS HAD CONTINUED PAIN FOR 5 + WEEKS. THERE IS SIGNIFICANT PALPABLE PAIN ANTERIOR AND POSTERIOR L ANKLE. CONSERVATIVE TX COMPLETED: IMMOBILIZATION IN BOOT, INJECTIONS, NSAIDS;; This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	16
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	3

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	7
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	21
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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 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	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; Surgery or other intervention is planned in the next 4 weeks.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection,	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; A biopsy is planned in the next 30 days.; This study is NOT being ordered for evaluation of Morton's Neuroma.; A biopsy	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; The study is being ordered forfoot 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	1

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot MRI.; 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 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 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	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Podiatry	Approval	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	1
Podiatry	Approval	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	14
Podiatry	Approval	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	6
Podiatry	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 has not been treated with and failed a course of supervised physical therapy.; The	1

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>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 not been treated with anti-inflammatory</p> <p>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 not been treated with anti-inflammatory</p>	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>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 not been treated with anti-inflammatory</p> <p>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 used a cane or crutches for</p>	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>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</p>	3

Podiatry	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	3
Podiatry	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.; There is not a suspected tarsal coalition.; The patient has a documented limitation of their range of motion.	10
Podiatry	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 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 has a documented limitation of their range of motion.	2

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>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 been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory</p> <p>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</p>	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>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</p> <p>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</p>	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>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</p>	3

Podiatry	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 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 not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory	1
Podiatry	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 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 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.; 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	1
Podiatry	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 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	2

Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		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	2
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		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 UNKNOWN; 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.	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		unknown; This study is being ordered for trauma or injury.; 08/30/2017; There has been treatment or conservative therapy.; pain in left foot, sprain in ligament ,; walking 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	1
Podiatry	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		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 receiving long-term steroid therapy (Prednisone or Cortisone).; The patient	1
Podiatry	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		"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.; Pain	2
Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	"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.;	2
Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	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.;	2

Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	"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 < Enter answer here - or Type In Unknown If No Info Given. >; 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, ; This is a request for an Ankle MRI.; It is not know if surgery or arthroscopy is scheduled in the next 4 weeks.;	2
Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	The study is requested for ankle pain.; There is a ; 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 PAIN ON PALPATION AT THE MEDIAL NAVICULAR AND ALONG THE POSTERIOR TIBIAL TENDON L; INCREASED PRONATION L FOOT SUGGESTIVE OF POSSIBLE POSTERIOR TIBIAL TENDON DYSFUNCTION L; LOCALIZED EDEMA.; This is a request for an Ankle MRI.;	1
Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Surgery or arthroscopy is not scheduled in the next 4 pain on palpation on the ATFL, along the peroneal tendons of the right ankle. No pain on the bones.; This is a request for an Ankle MRI.; Surgery or arthroscopy is not scheduled in the next 4 weeks.; The study is 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 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	1
Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	onset of severe pain in the foot within the last two	1
Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary		2

				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	
Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	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	1
Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	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 unknown; This study is being ordered for trauma or injury.; 08/30/2017; There has been treatment or conservative therapy.; pain in left foot, sprain in ligament ;, walking 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 xrays reveal possible contusion of the medial malleolus left ankle. Patient relates of having pain for 3 months, patient was given basic offloading instructions until we knew further evaluation from imaging.; 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	1
Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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 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	1
Podiatry	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary		1
Preventive Medicine Psychiatry	Disapproval Approval	72131 CT LUMBAR SPINE, LOW BACK 70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary		1 1

Psychiatry	Approval	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.; The +AH and +IOR pt never had head imaging to r/o central process; This is a request for a brain/head CT.; Thi study is being requested for None of the above.; This	1
Psychiatry	Disapproval	70450 CT BRAIN, HEAD			1
Pulmonary Medicine	Approval	70450 CT BRAIN, HEAD			2
Pulmonary Medicine	Approval	70450 CT BRAIN, HEAD		for chest ct they are checking for malignancy. this is f/u to prvs case for 6/2017 and for brain pt fell 8/29/2017 and is xprncng numbness and tingling and extremity weakness.; 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.; This study is being ordered for evaluation of known tumor.	1
Pulmonary Medicine	Approval	70450 CT BRAIN, HEAD 70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST			1
Pulmonary Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST		< 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.; 8/15/2017; There has not been any treatment	2
Pulmonary Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST			1

Pulmonary Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	ALSO TAKING STERIODS; This study is being ordered for Inflammatory/ Infectious Disease.; UNKNOWN; There has been treatment or conservative therapy.; SHORTNESS OF BREATH, SINUS PAIN AND PRESSURE, AWAKENS AT NIGHT MULTIPLE TIMES, COUGH, SORE	1
Pulmonary Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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	1
Pulmonary Medicine	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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 Recurrent Acute	3
Pulmonary Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST		1
Pulmonary Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST	< 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.; 8/15/2017; There has not been any treatment his is a 29-year-old female nurse with severe sarcoidosis who returns for followup. She was diagnosed by bronchoscopy in June 2015 after presenting with hypercalcemia, renal insufficiency, arthralgias, weight loss, and elevated ACE level. She has extens; 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	1
Pulmonary Medicine	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST		1

Pulmonary Medicine	Approval	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 not a suspicion of an infection or abscess.; This is not being ordered by an	1
Pulmonary Medicine	Approval	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 ; 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	3
Pulmonary Medicine	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 completed.; The lab results were	2
Pulmonary Medicine	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
Pulmonary Medicine	Approval	71250 CT CHEST,		52
Pulmonary Medicine	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	58
Pulmonary Medicine	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	2

Pulmonary Medicine	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	42
Pulmonary Medicine	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	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "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	6
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	< 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	16
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	< 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 is 54 years old or younger.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; It is not known if there is 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.; It is not known if there is 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	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	.SEVERE CHRONIC COUGH,CHRONIC GERD,OROPHARYNGEAL DYSPHAGIA,ASPIRATION WHILE DRINKING; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This	1

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	; 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	8
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 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	; 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	1
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 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	2
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	1. Findings of chronic granulomatous disease with	
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	1. Multiple nodules of lung (J98.4/518.89) Lung lesion/nodule modified 18 Jul, 2017.	
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	10/30/15 demonstrated bilateral basilar fibrosis with honey combing predominantly in the right lower lobe; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	2 nodules found and this is 6 month checkup; "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	1

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	25 yo AAM with bilateral hilar lymphadenopathy and nodular opacities concerning for pulmonary sarcoidosis (less likely lymphoma or germinal cell cancer with cannon ball mets vs fungal pneumonia); A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	3 MONTH FOLLOW UP CT CHEST FOR MONITORING OF PULMONARY NODULES,LARGEST NODULE 3 month follow up, 2mm L upper lobe nodule, last scan 4/27/17; 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	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	36 pack year smoker.  3mth f/u on 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 non of the	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	4 month follow up to 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 non of	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	8/15/2016 chest CT showed pulmonary nodule; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	ordered for none of the above.; This study is being 9/26/2015 chest ct shows a 5mm subpleural pulmonary nodule in right lower lobe.; A Chest/Thorax CT is being ordered.; The study is being ordered for	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	none of the above.; This study is being ordered for non	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request	54

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 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	1
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 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,	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	unexplained weight loss or other condition.; The A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes ABNORMAL CT CHEST 06/12/2017 207 X 207 CM ILL DEFINED PULMONARY NODULE, SOB,MASS OF LEFT LUNG,BRONCHOPNEUMONIA,COPD,WHEEZING,COUGH;	5
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	"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 abnormal x ray; A Chest/Thorax CT is being ordered.;	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is ALSO TAKING STERIODS; This study is being ordered for Inflammatory/ Infectious Disease.; UNKNOWN; There has been treatment or conservative therapy.;	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	SHORTNESS OF BREATH, SINUS PAIN AND PRESSURE, AWAKENS AT NIGHT MULTIPLE TIMES, COUGH, SORE	1

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	April 2017 chest ct showed 7 mm nodule; "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 BP, Lung Nodule and diag of Endometra Hyperplasia;	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	"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 Chest ct , Opacity , in the lower lobe; A Chest/Thorax CT is being ordered.;	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	The study is being ordered for none of the above.; This study is being ordered for non chest pain and patient has Lupus and joint pain this is the first time this MD has seen her MD trying to rule out Lupus related interstitial lung disease; A Chest/Thorax CT is being ordered.;	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	The study is being ordered for none of the above.; This study is being Clinical: lung nodule, COPD, severe, History of lung cancer; A Chest/Thorax CT is being ordered.;	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a Ct 6 months ago mass seen and this is a follow up;	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	"There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.;	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	This study is being ordered for CT Chest with minimal granulomatous calcifications in right chest and hilar lymph nodes as well as small 0.3 CXR 4/11/17 non-diagnostic; chest pain,; A Chest/Thorax CT is being ordered.;	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	The study is being ordered for none of the above.; This study is being CXR reviewed. Possible interstitial changes. ? RML calcified nodules. Will get CT chest without contrast for further eval in this patient with cough present for 8 months. Current everyday smoker.;	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; The study is being ordered for none	1

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	CXR showed Pulmonary nodules; 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 elevated right hemi diaphragm located on chest xray in 30yr old male, viral symptoms include cold sores, sore throat, etc. ongoing headache. CT w/o contrast to rule out hidden malignancy such as lymphoma- if CT seems unfruitful, will consider MRI c-spine ; A Chest/Thorax CT is being ordered.; The study is being ordered for Ensure resolution of Mycobacterium avium; 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 Evaluate lung nodule for stability; "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 Evaluation of lung nodules; "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	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX		1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX		1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX		1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX		1

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	follow up 10mm nodule; "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 follow up ct for multiple 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.; This study is being ordered for non of the above.; Yes this is Follow up for 9mm nodule; 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.;	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Follow up lung nodule noted form previous imaging, shortness of breath, symptomatic; 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.;	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Follow up lung nodule noted form previous imaging, shortness of breath, symptomatic; 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.;	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Follow up lung nodule noted form previous imaging, shortness of breath, symptomatic; 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.;	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Follow up lung nodule noted form previous imaging, shortness of breath, symptomatic; 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.; 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 follow-up for transbronchial lung biopsy culture; 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	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Follow up lung nodule noted form previous imaging, shortness of breath, symptomatic; 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.;	1

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	for chest ct they are checking for malignancy. this is f/u to prvs case for 6/2017 and for brain pt fell 8/29/2017 and is xprncng numbness and tingling and extremity weakness.; 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 FOUR MONTH FOLLOW UP ON LUNG NODLE; A	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being HILARADENOTATHY; 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	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	his is a 29-year-old female nurse with severe sarcoidosis who returns for followup. She was diagnosed by bronchoscopy in June 2015 after presenting with hypercalcemia, renal insufficiency, arthralgias, weight loss, and elevated ACE level. She has extens; 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	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Colonoscopy, EBCT, MRS, PET Scan, or Unlisted Mediastinal adenopathy, Solitary pulmonary nodule,ABNORMAL CT: Prominent lymph nodes are seen throughout the mediastinum measuring up to 1.7 cm in the subcarinal regionStable 7.8 mm noncalcified multiple lung nodules, 3 month f/u, copd; A	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being Needs repeat PFTs with ABG and CT chest to rule out any concomitant disorders given worsening dyspnea; A	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being	1

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	new left lung nodule; 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 NODULE; 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 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 PATIENT HAS A HEAVY SMOKING HISTORY X35+ YEARS, SMOKING A PACK A DAY.PREVIOUS ABDOMINAL CT SHOWED MULTIPLE NONCALCIFED NODULES IN THE LOWER LOBES BILATERALLY AND A LYMPH NODE MASS IN HIS LEFT PELVIS POSSIBLY RELATED TO LYMPHOMA, HE HAS INCREASING SHORTNES; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Patient has recurrent pleural effusion, shortness of breath; 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 Per CT Biopsy procedure note, it was very difficult to biopsy and very little tissue obtained for diagnosis.	1
Pulmonary Medicine	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 non of the above.; Yes this is a	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	PATIENT HAS A HEAVY SMOKING HISTORY X35+ YEARS, SMOKING A PACK A DAY.PREVIOUS ABDOMINAL CT SHOWED MULTIPLE NONCALCIFED NODULES IN THE LOWER LOBES BILATERALLY AND A LYMPH NODE MASS IN HIS LEFT PELVIS POSSIBLY RELATED TO LYMPHOMA, HE HAS INCREASING SHORTNES; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Patient has recurrent pleural effusion, shortness of breath; 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	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Per CT Biopsy procedure note, it was very difficult to biopsy and very little tissue obtained for diagnosis.	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Per radiologist report on	
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Per radiologist:~x0D;	
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	PFTs do not show an obstructive airway	
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Pleura/parenchyma. ~x0D;	

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	pneumonia; 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 pt had an abnormal chest xray.; 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 pulmonary nocardia; 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	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX		1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX		1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Pulmonary nodule, right upper lobe pulmonary nodule measuring 6.5 mm, precarinal node measuring 7 mm, Pulmonary Nodules; "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 Radiologist report on CT done 1 year ago reported: There are innumerable bilateral lung nodules again scattered nodular densities; "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 Shortness of breathe and chest pain, negative xray; 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 SLIGHTLY IRREGULAR SOFT TISSUE NOGEL; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX		1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX		1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX		1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX		1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX		1

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	sob, dyspnea on exertion; "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 Solitary pulmonary nodule, abnormal ct: 6 mm noncalcified nodule seen in the lateral segment of the right middle lobe. Reason for study: Monitor non-calcified Pulm. Nodule. Mild copd, 6 month follow up;	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	"There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; The patient has had a chest x-ray recently.;	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for new signs or symptoms.;	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	"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.;	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for The Pt has pulmonary nodule . Pt has tobacco dependency. Pt has chest tightness, SOB, wheezing;	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	"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 There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.;	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected This is a follow up CT for a lung nodule requiring an 8 month follow up to determine if malignancy is present.;	10
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	"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	1

Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Three ground glass attenuation nodules in the lungs, all measuring 3 mm. One is unchanged, one has increased in size slightly, and another has decreased in size slightly. Follow up chest CT is recommended in 12 months to assess for stability. More soli; A Chest/Thorax CT is being ordered.; The study is being	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Three month 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 unexplained cough and nidules; A Chest/Thorax CT is being ordered.; This study is being ordered for	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past unknown; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a unknown; A Chest/Thorax CT is being ordered.; The	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is Will fax over office notes.; A Chest/Thorax CT is being	2
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the will fax; A Chest/Thorax CT is being ordered.; The study	1
Pulmonary Medicine	Approval	71250 CT CHEST, THORAX	is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a	1
Pulmonary Medicine	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST		5
Pulmonary Medicine	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	2 month 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 another reason besides	1
Pulmonary Medicine	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	Known or Suspected Congenital Abnormality, Known or	1

Pulmonary Medicine	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	Pulmonary arteriovenous malformation,	CT chest with	
Pulmonary Medicine	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.		19
Pulmonary Medicine	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	This study is to evaluate amount of fluid on lungs due to pleural effusion. This test is also needed to determine whether the patient will require a thoracentesis to remove fluid.; 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		1
Pulmonary Medicine	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST			1
Pulmonary 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 Neurological deficit(s)		1
Pulmonary Medicine	Approval	73706 CT ANGIOGRAPHY LOWER	Yes, this is a request for CT Angiography of the lower extremity.		1
Pulmonary Medicine	Approval	74150 CT ABDOMEN WITHOUT CONTRAST			1
Pulmonary Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	3 month follow up, 2mm L upper lobe nodule, last scan 4/27/17; 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		1

Pulmonary Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	his is a 29-year-old female nurse with severe sarcoidosis who returns for followup. She was diagnosed by bronchoscopy in June 2015 after presenting with hypercalcemia, renal insufficiency, arthralgias, weight loss, and elevated ACE level. She has extens; 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 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; R/O:PE EVALUATE CAUSE OF SHORTNESS OF BREATH, PT COMPLAINING	1
Pulmonary Medicine	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; Shannon at MDO will	1
Pulmonary Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1
Pulmonary Medicine	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	1

Pulmonary Medicine	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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</p>	1
Pulmonary Medicine	Approval	74181 MRI ABDOMEN	<p>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.";</p>	1

Pulmonary 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 had an abdominal ultrasound, CT, or MR study."; ACCORDING TO PHYSICIAN:We looked at a CT at last visit as she had an abnormal chest x-ray and the CT showed no evidence of pulmonary nodules. She does have some emphysema, but there are 2 areas in her liver that are abnormal and an MRI is recommended.	1
Pulmonary Medicine	Approval	74181 MRI ABDOMEN	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.	1
Pulmonary Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	< Enter answer here - or Type In Unknown If No Info Given. >; 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.	1
Pulmonary Medicine	Approval	78813 PET IMAGING WHOLE BODY		4

Pulmonary Medicine	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.; This would be the first PET Scan performed on this patient for this cancer.; 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 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	2
Pulmonary Medicine	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		
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 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	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 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	2
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	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 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 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	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.; 2 PET Scans have already been 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	3
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 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	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 to establish a cancer diagnosis.; This study is being requested for Lung Cancer.; This is	2
Pulmonary Medicine	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	2

Pulmonary Medicine	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.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	1
Pulmonary Medicine	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 Evaluation of Cardiac	1
Pulmonary Medicine	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 Evaluation of Congenital	1
Pulmonary Medicine	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 Evaluation of Pulmonary	3
Pulmonary Medicine	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening		2
Pulmonary Medicine	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	9
Pulmonary Medicine	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	1

Pulmonary Medicine	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	SEVERE CHRONIC COUGH, CHRONIC GERD,NECK PAIN,OROPHARYNGEAL DYSPHAGIA, ASPIRATION WHILE DRINKING FLUIDS; This is a request for a brain/head CT.; Thi study is being requested for None < 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	1
Pulmonary Medicine	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	pt has had 6 weeks of sinusitis with facial pain, head congestion, runny nose, nad sinus drainage. Pt failed treatment of 15 days of prednisone taper.; 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	1
Pulmonary Medicine	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary	Dr Lee is doing workup to determine what is causing theses fevers of unknown origin since April 2017; This study is being ordered for Inflammatory/ Infectious Disease.; 04/19/2017; There has been treatment or conservative therapy.; fever, fatigue, feeling bad, no energy; pt was given antibiotics in hospital and is since "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	3
Pulmonary Medicine	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	"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	1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary		
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary		

Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >	
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; "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	2
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< 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	4
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< 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 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	2

Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	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.; april 28 2017; There has been treatment or conservative therapy.; sob	
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; 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 ; 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	5
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary		1

Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	15 packs per year and patient is still smoking; 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 Dr Lee is doing workup to determine what is causing these fevers of unknown origin since April 2017; This study is being ordered for Inflammatory/ Infectious	1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Disease.; 04/19/2017; There has been treatment or conservative therapy.; fever, fatigue, feeling bad, no energy; pt was given antibiotics in hospital and is since Evidence of a calcified granuloma on chest x-ray. Following up with a 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.; 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	1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	follow up for known nodule discovered on CT 1/2017; 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 Has COPD, emphyema and chronic bronchitis; 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	1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	unexplained cough, coughing up blood, unexplained	1

Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Patient has to be followed for 2 years to confirm malignancy vs benign status of pulmonary nodule.; "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 Patient requires repeat CT of chest to follow up on lung mass to rule out malignancy vs benign.; 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 pneumonia; 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 pt has multiple lung nodules this is a followup; 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	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary		1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary		1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary		1
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Skin rash bilateral eyelids, bilateral eyebrows for 4 months;	
Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	there is no other imaging other than CXR dated 11/1/2016. ;	

Pulmonary Medicine	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Weight loss and cough for 3-4 months; 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	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	; 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	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	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	1

Pulmonary Medicine	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	non calcified lung nodule; This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, 	
Pulmonary Medicine	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Dr Lee is doing workup to determine what is causing theses fevers of unknown origin since April 2017; This study is being ordered for Inflammatory/ Infectious Disease.; 04/19/2017; There has been treatment or conservative therapy.; fever, fatigue, feeling bad, no energy; pt was given antibiotics in hospital and is since taking tylenol and Ibuprofen to lower fever.	1
Pulmonary Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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.	1
Pulmonary Medicine	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; 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	2
Pulmonary Medicine	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 to establish a cancer diagnosis.;	2
Pulmonary Medicine	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	This study is being requested for Lung Cancer.; 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	1

				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) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	
Pulmonary Medicine	Disapproval	93307 TTHRC R-T IMG	Radiology Services		1
Radiation Oncology	Approval	2D +-M-MODE REC COMPL 70450 CT BRAIN, HEAD	Denied Not Medically Necessary		1
Radiation Oncology	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 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such	2
Radiation Oncology	Approval	70450 CT BRAIN, HEAD			1
Radiation Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST			1

Radiation Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST	Locally advanced SQCC of the supraglottis. CT Chest/Neck needed for radiation therapy planning.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Initial Staging of Cancer; Imaging studies have been performed on the member in the past 3 months.	1
Radiation Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST	Squamous cell carcinoma Base of tongue. Staging workup; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1
Radiation Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST	Squamous cell carcinoma of larynx, CT Chest/Neck is needed for radiation therapy planning.Had total laryngectomy on 6/30/17. Pathology stage T4N0M0/ No lymphovascular invasion. Margins in primary specimen within 1mm.; 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 physician is a	1
Radiation Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST	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	1
Radiation Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST	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	1

Radiation Oncology	Approval	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.; 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	1
Radiation Oncology	Approval	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 not a suspicion of an infection or abscess.; This is not being ordered by an	1
Radiation Oncology	Approval	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	1
Radiation Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1
Radiation Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such	1

Radiation Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such	1
Radiation Oncology	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 suspicion of neoplasm, tumor or metatstasis	1
Radiation Oncology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	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	1
Radiation Oncology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	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	2
Radiation Oncology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	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	1
Radiation Oncology	Approval	70544 Mr angiography head w/o dye	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	1
Radiation Oncology	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.; It is not known if a metabolic work-up done including urinalysis,	1

Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	By ct head 08/16/17 pt with new occipital lesion-MD wants better imaging using SRS protocol; 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.; It is not known Patient has been treated for colon cancer that has now resulted in brain metastasis. Patient began having right arm and hand weakness.; This request is for a Brain MRI; The study is being requested for evaluation of a	1
Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Patient was initially treated in our facility for lung cancer when a brain metastases was found. SRS treatment was performed. This is a follow up MRI post SRS treatment.; 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.; It is not known if there are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a	1
Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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	1
Radiation Oncology	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 recent neurological symptoms or deficits	2
Radiation Oncology	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 recent neurological deficits on exam such as one sided	1

Radiation Oncology	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	20
Radiation Oncology	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 recent neurological symptoms such as one-sided weakness,	3
Radiation Oncology	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.	2
Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This scan is being requested for follow-up. Patient has been treated for breast cancer and whole brain radiation treatment.; 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 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such	1
Radiation Oncology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
Radiation Oncology	Approval	71250 CT CHEST,	< Enter answer here - or Type In Unknown If No Info Given. >; "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	1
Radiation Oncology	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request	8

Radiation Oncology	Approval	71250 CT CHEST, THORAX	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 Locally advanced SQCC of the supraglottis. CT Chest/Neck needed for radiation therapy planning.; 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	1
Radiation Oncology	Approval	71250 CT CHEST, THORAX	CT/MRI.; The ordering physician is a hematologist/ planning radiation therapy; 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	1
Radiation Oncology	Approval	71250 CT CHEST, THORAX	restaging, clinical changes; 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	1
Radiation Oncology	Approval	71250 CT CHEST, THORAX	Squamous cell carcinoma Base of tongue. Staging workup; 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	1
Radiation Oncology	Approval	71250 CT CHEST, THORAX	CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been Squamous cell carcinoma of larynx, CT Chest/Neck is needed for radiation therapy planning.Had total laryngectomy on 6/30/17. Pathology stage T4N0M0/ No lymphovascular invasion. Margins in primary specimen within 1mm.; 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	1
Radiation Oncology	Approval	71250 CT CHEST, THORAX	Unlisted CT/MRI.; The ordering physician is a	1

Radiation Oncology	Approval	71250 CT CHEST, THORAX	suspicious lung 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 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	1
Radiation Oncology	Approval	71250 CT CHEST, THORAX	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	3
Radiation Oncology	Approval	71250 CT CHEST, THORAX	CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been 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	1
Radiation Oncology	Approval	71250 CT CHEST, THORAX	CT/MRI.; The ordering physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Reoccurrence of cancer; Other tests such 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,	1
Radiation Oncology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; There is no 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
Radiation Oncology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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	1

Radiation Oncology	Approval	72196 MRI PELVIS	Initial staging; 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.;	1
Radiation Oncology	Approval	72196 MRI PELVIS	The study is being ordered for suspicion of tumor, This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic	1
Radiation Oncology	Approval	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."	1
Radiation Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	restaging, clinical changes; 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 suspicious lung 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	1
Radiation Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1
Radiation Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	2
Radiation Oncology	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; <Enter Additional	1
Radiation Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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,	1

Radiation Oncology	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 Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; This would be the first PET	1
Radiation Oncology	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 a more than 1 of the following; diagnostic test, imaging sstudy, 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	1
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	1
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	1
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 Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be	1

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 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	2
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 requested for Head/Neck Cancer.; It is unknown if the patient has Thyroid or Brain cancer.;	2
Radiation Oncology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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	1
Radiation Oncology	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 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	2
Radiation Oncology	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 subsequent treatment.; This study is being requested for Soft Tissue Sarcoma, ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
Radiology	Approval	70544 Mr angiography head w/o dye		There is an immediate family history of aneurysm.;	2
Radiology	Approval	70544 Mr angiography head w/o dye		This is a request for a Brain MRA.	2
Radiology	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.	2
Radiology	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	1

Radiology	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 stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, "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	1
Radiology	Approval	71250 CT CHEST, THORAX	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	1
Radiology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic	2
Radiology	Approval	72196 MRI PELVIS	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	1
Radiology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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	1
Radiology	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	1
Radiology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This is a request for an Abdomen CT.; This study is being ordered for a vascular disease.; 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	1
Radiology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		1
Radiology	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON	This is a request for CT Angiography of the Abdomen and Pelvis.	1

Radiology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1
Radiology	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	2
Radiology	Approval	74181 MRI ABDOMEN	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 (painless hematuria, etc.) consistent with an abdominal mass or tumor."; 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."; "The patient	1
Radiology	Approval	74181 MRI ABDOMEN	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 4 or more follow-up abdomen MRIs.; The last abdomen MRI was performed within the last 6 months.; This study is being ordered for follow-up.; The patient is not undergoing active treatment for cancer.; It is not known if the ordering physician is an oncologist, urologist, gastroenterologist, or surgeon.; REQUESTING FOLLOW UP MRI ABDOMEN W/WO CONTRAST TO	1

Radiology	Approval	74181 MRI ABDOMEN	<p>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 not an oncologist, urologist, gastroenterologist, or surgeon.";</p> <p>31 YO W/HEPATOCELLULAR CARCINOMA (LIVER CANCER) WHO WAS RECENTLY TREATED WITH THE Y90 LOCOREGIONAL THERAPY TO REDUCE THE SIZE OF THE TUMOR IN HOPES OF FUTURE SURGICAL RESECTION. THE MRI DONE 5-15-17 SHOWED A DECREASE IN SIZE TO PRIOR MRI DONE 2-13-17, NEE</p>	1
Radiology	Approval	74181 MRI ABDOMEN	<p>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 not an oncologist, urologist, gastroenterologist, or surgeon.";</p> <p>48 YO PT DX W/CHOLANGIOCARCINOMA (LIVER CANCER)AND BEING TREATED WITH Y90 TRANSARTERIAL RADIOEMBOLIZATION TO SHRINK THE</p> <p>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 not an oncologist, urologist, gastroenterologist, or surgeon.";</p> <p>REQUESTING F/U MRI ABDOMEN FOR 60 YO</p>	1
Radiology	Approval	74181 MRI ABDOMEN	<p>W/HEPATOCELLULAR CARCINOMA (LIVER CANCER)WHICH ISN'T RESECTABLE UNDERGOING Y90</p> <p>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.";</p> <p>"The patient has had an abdominal</p>	1
Radiology	Approval	74181 MRI ABDOMEN	<p>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.";</p> <p>"The patient has had an abdominal</p>	1

Radiology	Approval	74181 MRI ABDOMEN 75635 CTA AA&BI ILIOFEM LXTR RS&I C- /C+ POST-PXESSING		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 not had	2
Radiology	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		Yes, this is a request for CT Angiography of the abdominal arteries. 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	1
Radiology	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 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	1
Radiology	Disapproval	72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 2014; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; anti coagulation therapy, thrombolysis, thoracotomy;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
Radiology	Disapproval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 2014; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; anti coagulation therapy, thrombolysis, thoracotomy;; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1

Radiology	Disapproval	74181 MRI ABDOMEN	Radiology Services Denied Not Medically Necessary	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 not had 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 ; The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Mister Blanchard does have a firm out of weakness throughout the left leg clinically. I think I would be most prudent to defer referral for conservative management in light of this weakness, and obtain an MRI L spine to better delineate the likely underly; The patient does not have new signs or 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 ; This study is 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.;	1
Rehabilitations	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST			1
Rehabilitations	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST			1
Rehabilitations	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST			4
Rehabilitations	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary		1
Rehabilitations	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary		4

Rheumatology	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	1
Rheumatology	Approval	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	1
Rheumatology	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 suspicion of infection or abscess	2
Rheumatology	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE	< 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.; last month; There has been treatment or	2
Rheumatology	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	1
Rheumatology	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 associated with headache, blurred or double vision or a change in sensation noted on exam.; The patient does NOT have	1
Rheumatology	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	4

Rheumatology	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; "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 < 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.; within the last month; There has not been any treatment or conservative therapy.; Enlarged lymph nodes under the arm, fatigue, generalized abdominal pain,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted ; 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	1
Rheumatology	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request chest x ray on 07/06/2017; "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 patient had an abnormal CXR with RA and COPD needing further evaluation.; It is not known if 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 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	1
Rheumatology	Approval	71250 CT CHEST, THORAX		1
Rheumatology	Approval	71250 CT CHEST, THORAX		1
Rheumatology	Approval	71250 CT CHEST, THORAX		1
Rheumatology	Approval	71250 CT CHEST, THORAX		1
Rheumatology	Approval	71250 CT CHEST, THORAX		1

Rheumatology	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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 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 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 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 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 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	1
Rheumatology	Approval	72131 CT LUMBAR SPINE, LOW BACK		1
Rheumatology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
Rheumatology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		3
Rheumatology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		2
Rheumatology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
Rheumatology	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST		1

Rheumatology	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	2
Rheumatology	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	7
Rheumatology	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)	5
Rheumatology	Approval	72196 MRI PELVIS	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The	2
Rheumatology	Approval	72196 MRI PELVIS	; 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 arthritis.	1
Rheumatology	Approval	72196 MRI PELVIS	ABN labs, constant hip and leg pain, positive halb 27, x ray of hip, evaluation; 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	1
Rheumatology	Approval	72196 MRI PELVIS	evaluation of active sacroiliitis..Sacroiliitis, not elsewhere classified; This is a request for a Pelvis MRI.;	1
Rheumatology	Approval	72196 MRI PELVIS	The request is not for any of the listed indications.	1
Rheumatology	Approval	72196 MRI PELVIS	none; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Rheumatology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	9
Rheumatology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	1
Rheumatology	Approval	72196 MRI PELVIS	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	1

Rheumatology	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 suspicion of upper	1
Rheumatology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 7/26/17; There has not been any treatment or conservative therapy.; <	1
Rheumatology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; unknown; It is not known if there has been any treatment or conservative therapy.; < Describe	1
Rheumatology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or conservative therapy.; ;	3
Rheumatology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	PATIENT WITH + RHEUMATOID FACTOR. NOT BEING TREATED WITH RHEUMATOID MEDICATIONS. THIS IS HIS SECONDARY INSURANCE. EXAMS HAVE BEEN	
Rheumatology	Approval	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.	1
Rheumatology	Approval	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 not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue	1
Rheumatology	Approval	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 not suspicion of upper extremity neoplasm or tumor or metastasis.; There is suspicion of	9
Rheumatology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	unknown; This study is being ordered for Inflammatory/ Infectious Disease.; 2012/2014; There has been treatment or conservative therapy.; pain,	2

Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 7/26/17; There has not been any treatment or conservative therapy.; < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; unknown; It is not known if there has been any treatment or conservative therapy.; < Describe . Ms. Littleton is a 26 year old female who comes on referral of Dr. Lawrence for RA evaluation. She was diagnosed with juvenile arthritis by Dr. Brewer at 13 years old. She reports that since she was 13 it has progressively gotten worse even with medicat; This study is being ordered for something other than: known trauma or injury, metastatic disease, a	1
Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; This study is being ordered for Inflammatory/ Infectious Disease.; ; There has been treatment or 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 The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.; This request is for a 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 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.;	1
Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Surgery or other intervention is planned in the next 4	3
Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY		4
Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY		1
Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY		5
Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY		1

Rheumatology	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 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	3
Rheumatology	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 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.;	1
Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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	1
Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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.;	1
Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The patient has experienced pain for greater than six weeks.; The patient has been treated with anti-	1

Rheumatology	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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 "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.";	1
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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 "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the ankle.";	2
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Rheumatology	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	2
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Instability	1
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Locking	2

Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	3
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Rheumatology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	2
Rheumatology	Approval	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	1
Rheumatology	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	3
Rheumatology	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.; There is not a suspected tarsal	1
Rheumatology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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	1
Rheumatology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 not receiving long-term steriod therapy (Prednisone or Cortisone).; The	1

Rheumatology	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 < 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.; 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 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 < 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.; within the last month; There has not been any treatment or conservative therapy.; Enlarged lymph nodes under the arm, fatigue, generalized abdominal pain,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 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	1
Rheumatology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This study being ordered for a palpable, observed or 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 < 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.; within the last month; There has not been any treatment or conservative therapy.; Enlarged lymph nodes under the arm, fatigue, generalized abdominal pain,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 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	1
Rheumatology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	This study being ordered for a palpable, observed or 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 < 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.; within the last month; There has not been any treatment or conservative therapy.; Enlarged lymph nodes under the arm, fatigue, generalized abdominal pain,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 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	1
Rheumatology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study being ordered for a palpable, observed or 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 < 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.; within the last month; There has not been any treatment or conservative therapy.; Enlarged lymph nodes under the arm, fatigue, generalized abdominal pain,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 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	1
Rheumatology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study being ordered for a palpable, observed or 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 < 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.; within the last month; There has not been any treatment or conservative therapy.; Enlarged lymph nodes under the arm, fatigue, generalized abdominal pain,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 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	1
Rheumatology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study being ordered for a palpable, observed or 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 < 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.; within the last month; There has not been any treatment or conservative therapy.; Enlarged lymph nodes under the arm, fatigue, generalized abdominal pain,; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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 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	1

Rheumatology	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 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	1
Rheumatology	Approval	74181 MRI ABDOMEN 74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/WITHOUT CONTRAST		1
Rheumatology	Approval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	This is a request for a MR Angiogram of the abdomen. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason 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)	1
Rheumatology	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.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	1
Rheumatology	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.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	1

Rheumatology	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 Evaluation of Pulmonary . This is a pleasant Caucasian female who comes in today for follow-up. She has history of erosive osteoarthritis. At the last visit she complained of	1
Rheumatology	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	worsening cystic findings/Heberden's and Bouchard's nodes. Dr. Chi started her on Plaquenil and she retu; This is a request for a brain/head CT.; Thi study is being < 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.; last month; There has been treatment or 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,	1
Rheumatology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	This is a pleasant Caucasian female who comes in today for follow-up. She has history of seropositive rheumatoid arthritis. She's now on Medicaid. We had started her back on Arava but she comes in today stating that she's been unable to take it because of; A Chest/Thorax CT is being ordered.; The study is being	1
Rheumatology	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Rheumatology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary		1

Rheumatology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT HAD ABNORMAL C-SPINE X-RAY AND ALSO NEW ONSET OF BOWEL AND BLADDER INCONTINENCE. THE PATIENT DESCRIBES THE SYMPTOMS AS MODERATE IN SEVERITY AND WORSENING.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/27/2017; There has been treatment or conservative therapy.; PAIN AND STIFFNESS IN NECK WITH PAIN RADIATING DOWN BOTH ARMS,AND PAIN IN LOWER BACK 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 < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 6/26/2017; There has been treatment or conservative therapy.; Back pain, tenderness, LROM; 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	1
Rheumatology	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT HAD ABNORMAL C-SPINE X-RAY AND ALSO NEW ONSET OF BOWEL AND BLADDER INCONTINENCE. THE PATIENT DESCRIBES THE SYMPTOMS AS MODERATE IN SEVERITY AND WORSENING.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/27/2017; There has been treatment or conservative therapy.; PAIN AND STIFFNESS IN NECK WITH PAIN RADIATING DOWN BOTH ARMS,AND PAIN IN LOWER BACK 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 < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 6/26/2017; There has been treatment or conservative therapy.; Back pain, tenderness, LROM; 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	1
Rheumatology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT HAD ABNORMAL C-SPINE X-RAY AND ALSO NEW ONSET OF BOWEL AND BLADDER INCONTINENCE. THE PATIENT DESCRIBES THE SYMPTOMS AS MODERATE IN SEVERITY AND WORSENING.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/27/2017; There has been treatment or conservative therapy.; PAIN AND STIFFNESS IN NECK WITH PAIN RADIATING DOWN BOTH ARMS,AND PAIN IN LOWER BACK 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 < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 6/26/2017; There has been treatment or conservative therapy.; Back pain, tenderness, LROM; 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	1
Rheumatology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT HAD ABNORMAL C-SPINE X-RAY AND ALSO NEW ONSET OF BOWEL AND BLADDER INCONTINENCE. THE PATIENT DESCRIBES THE SYMPTOMS AS MODERATE IN SEVERITY AND WORSENING.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 04/27/2017; There has been treatment or conservative therapy.; PAIN AND STIFFNESS IN NECK WITH PAIN RADIATING DOWN BOTH ARMS,AND PAIN IN LOWER BACK 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 < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 6/26/2017; There has been treatment or conservative therapy.; Back pain, tenderness, LROM; 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	1

Rheumatology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	stiffness and joint pain; This study is being ordered for Inflammatory/ Infectious Disease.; 7/11/17; There has been treatment or conservative therapy.; low back pain radiating to extremity; INSADs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT unknown; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above	1
Rheumatology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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.; 6/26/2017; There has been treatment or conservative therapy.; Back pain, tenderness, LROM; 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 ANKYLOSING SPONDYLITIS SEEN ON MULTIPLE SPOTS OF SPINE SEEN ON XRAY.; This is a request for a Pelvis MRI.; The request is not for any of the listed	2
Rheumatology	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	stiffness and joint pain; This study is being ordered for Inflammatory/ Infectious Disease.; 7/11/17; There has been treatment or conservative therapy.; low back pain radiating to extremity; INSADs; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs specialty is NOT	1
Rheumatology	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	. Ms. Littleton is a 26 year old female who comes on referral of Dr. Lawrence for RA evaluation. She was diagnosed with juvenile arthritis by Dr. Brewer at 13 years old. She reports that since she was 13 it has progressively gotten worse even with medicat; This study is being ordered for something other than: known trauma or injury, metastatic disease, a	1
Rheumatology	Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary		

Rheumatology	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious 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 Erosive OA vs. rheumatoid arthritis. Patient has history of basal cell carcinoma.; This study is being ordered for Inflammatory/ Infectious Disease.	1
Rheumatology	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	01/24/2017; There has been treatment or conservative N/A; This study is being ordered for Inflammatory/ Infectious Disease.; 7/2017; There has been treatment or conservative therapy.; Pain in wrists, trouble opening things, trouble dressing herself and lifting	1
Rheumatology	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	Today, I have had the privilege of seeing Lesa Doan. Mrs. Doan is a 62-year-old female who is referred by primary care Dr. Barry Ford for arthritic pain in her hands, her hips. She has had ongoing arthralgias for many years. She has more pain in her right; This study is 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.; Mrs. Doan has complaints of	2
Rheumatology	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious 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 Erosive OA vs. rheumatoid arthritis. Patient has history of basal cell carcinoma.; This study is being ordered for Inflammatory/ Infectious Disease.;	1
Rheumatology	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	01/24/2017; There has been treatment or conservative	1
Rheumatology	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary		1

Rheumatology	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	PATIENT WITH + RHEUMATOID FACTOR. NOT BEING TREATED WITH RHEUMATOID MEDICATIONS. THIS IS HIS SECONDARY INSURANCE. EXAMS HAVE BEEN 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-	
Rheumatology	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Today, I have had the privilege of seeing Lesa Doan. Mrs. Doan is a 62-year-old female who is referred by primary care Dr. Barry Ford for arthritic pain in her hands, her hips. She has had ongoing arthralgias for many years. She has more pain in her right; This study is 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.; Mrs. Doan has complaints of	1
Rheumatology	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	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,	1
Rheumatology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	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	1
Rheumatology	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary		2

Sports Medicine	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1
Sports Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ; 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.; She 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	1
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 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	2
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; Yes, the patient demonstrate neurological deficits.; yes, there is a 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	2
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; 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	2

Sports Medicine	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST 72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	unknown; This study is being ordered for a neurological disorder.; 2 weeks ago; There has been treatment or conservative therapy.; chronic left	1
Sports Medicine	Approval	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.; ; 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	1
Sports Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	. WORSENING PAIN TO BIL LEGS	1
Sports Medicine	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative 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	1
Sports 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	8
Sports 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	9
Sports 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 an Abnormal nerve study involving the lumbar spine	1
Sports 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 an Abnormal x-ray indicating a significant abnormality	1

Sports 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 Neurological deficit(s)	7
Sports Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain or a	1
Sports Medicine	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	3
Sports Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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	1
Sports 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 been a history of significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does unknown; This study is being ordered for a	1
Sports Medicine	Approval	73221 MRI JOINT OF UPPER EXTREMITY	neurological disorder.; 2 weeks ago; There has been treatment or conservative therapy.; chronic left	1
Sports Medicine	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	4
Sports Medicine	Approval	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	1
Sports Medicine	Approval	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	1

Sports Medicine	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 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 not been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory	1
Sports Medicine	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		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	1
Sports Medicine	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		This is a requests for a hip MRI.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injuryis not suspected.; The hip pain is due to a recent injury.; The request is for hip pain.	1
Sports Medicine	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 returns for follow-up of her right cervical radiculitis. Her MRI scan indicating a small focal disc bulge or protrusion at C4-5 and C6-7. She had one cervical epidural steroid injection finally after waiting four and a half months. She stat;	1
Sports Medicine	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine CT.; There is no reason why the patient ; 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	1
Sports Medicine	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Sports Medicine	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 ; 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	1
Sports Medicine	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.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; The patient does not have a new	1
Sports Medicine	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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 completed 6 weeks	1
Sports Medicine	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	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 4 exams are being ordered.	1
Surgery	Approval	70450 CT BRAIN, HEAD		This is a request for a brain/head CT.; There is not a suspected or known brain tumor.; The patient currently does not have cancer.; This is a evaluation for a bone tumor or abnormality of the skull.; This study is being	1
Surgery	Approval	70450 CT BRAIN, HEAD 70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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.fct"; "There is suspicion of neoplasm, tumor or metastasis.fct"; Yes this is a request for a Lump or MASS when examined.; This is a request for neck soft tissue CT.; The patient has a neck lump or mass.;	1
Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST		There is NOT a palpable neck mass or lump.; Yes	1

Surgery	Approval	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	1
Surgery	Approval	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	5
Surgery	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	CT/MRI.; The ordering physician is a hematologist/oncologist.; The diagnosis of cancer or tumor has been	1
Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Yes, this is a request for CT Angiography of the Neck.	1
Surgery	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	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 Melanoma.; This is for evaluation	1
Surgery	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	1
Surgery	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 completed.; The lab results were	1

Surgery	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 "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	3
Surgery	Approval	71250 CT CHEST, THORAX	"The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being	2
Surgery	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	2
Surgery	Approval	71250 CT CHEST, THORAX	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered.	3
Surgery	Approval	71250 CT CHEST, THORAX	; 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	1
Surgery	Approval	71250 CT CHEST, THORAX	; This study is 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
Surgery	Approval	71250 CT CHEST, THORAX	06/29/2017; There has been treatment or conservative therapy.; Abdominal pain; The patient is a 25 year old	
Surgery	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request	2

Surgery	Approval	71250 CT CHEST, THORAX	Basil cell carcinoma with morthea type differentiation, previous HX of skin and breast 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 Evaluate for metastatic disease. Patient with history of breast and ovarian 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	1
Surgery	Approval	71250 CT CHEST, THORAX	everything has come back normal, however pt still complaining of 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.; around march 2017; Follow up of a right lung nodule seen on previous abdominal CT in April of 2016. CT scan shows stable 5.5 mm Noncalcified right lower lung nodule. He has smaller basilar nodules in both lungs which are also stable. He has not had any hemoptysis or Chronic; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had followup with CT for a 7 mm right lower lobe nodule.. It is basically unchanged. He is a smoker and we did discuss quitting. Overall, things are stable. On exam, back in 6 months with another CT of the chest.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is	1
Surgery	Approval	71250 CT CHEST, THORAX	Patient has abdominal pain, divided cea, hx of bladder cancer, checking for 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,	1
Surgery	Approval	71250 CT CHEST, THORAX		1
Surgery	Approval	71250 CT CHEST, THORAX		1

Surgery	Approval	71250 CT CHEST, THORAX	PATIENT IS HAVING DIFFICULTY SWALLOWING; 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.; This study is being ordered for none of the above.; Pt is a f/u from EGD with bx on 8/7. Pt states she has had fever last 2 days up to 102.5, chills, night sweats, nausea, loss of appetite, left side chest pain, and LUQ pains constantly for last week;; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; The ordering physician a Surgeon, Pulmonologist, or Cardiologist.; 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	1
Surgery	Approval	71250 CT CHEST, THORAX	The patient has a primary breast cancer confirmed by biopsy. I have reviewed the radiographic studies and 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1
Surgery	Approval	71250 CT CHEST, THORAX	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1
Surgery	Approval	71250 CT CHEST, THORAX	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	2
Surgery	Approval	71250 CT CHEST, THORAX	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1

Surgery	Approval	71250 CT CHEST, THORAX	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 unknown; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.;	1
Surgery	Approval	71250 CT CHEST, THORAX	The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this ; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for Suspected Vascular Disease.; It is not known whether there are new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; It is not known whether there are signs or symptoms indicative	1
Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST		1
Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	2
Surgery	Approval	71550 MRI CHEST	Liver and rectal carcinoma found on colonoscopy performed on 8/14/2017.; 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 This study is being ordered for follow-up to trauma.;	1
Surgery	Approval	71550 MRI CHEST	"The ordering physician is a surgeon, pulmonologist, or cardiologist."; This is a request for a chest MRI.	1
Surgery	Approval	72125 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; 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	1
Surgery	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	WILL FAX CLINICAL INFO; 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	1

Surgery	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	The patient has a subcutaneous mass on her back that has been present for 9 months. Scan is ordered to evaluate and surgery is scheduled.; This study is 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 has a large subcutaneous mass on her spine. Surgery is scheduled to remove it but scan is needed to determine size and	1
Surgery	Approval	72131 CT LUMBAR SPINE, LOW BACK	The patient has a subcutaneous mass on her back that has been present for 9 months. Scan is ordered to evaluate and surgery is scheduled.; This study is 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 has a large subcutaneous mass on her spine. Surgery is scheduled to remove it but scan is needed to determine size and	1
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-	1
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; It is not known if the patient demonstrate neurological deficits.; It is not	3
Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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	1

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	2
Surgery	Approval	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	1
Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Increased pain and decreased ROM of the cervical and thoracic spine. Numbness in left arm.; This study is being ordered for trauma or injury.; 11/22/2016; There has been treatment or conservative therapy.; increased	1
Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	This is a request for a thoracic spine MRI.; There is no 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.; Pt had MRI in Nov w/o contrast, that MRI shown a central syrinx at the	1
Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Numbness on the back of left leg and lower back pain and X-Ray showed moderate degenerative disc L4 L5; 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?; It is not known if the	1
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 an Abnormal x-ray indicating a significant abnormality	1
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	2

Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for some other reason than the choices given.; This is a request for a	1
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted ; 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	1
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	; 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	1
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	54 y/o M, with a gradually enlarging mass over the right thigh close to the groin crease for 4 years, with associated discomfort. He is worried about 2 spots where he feels something hard in the mass. He denies any trauma nor infection around the area.; 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	1
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	Chief Complaint 	
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	Continued rectal pain.; 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	1

Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	discussed path. it is a benign stromal tumor. she also has a small area medial to the incision that has opened and is draining a little serous fluid. this is likely due to the thinness of the medial flap. continue keep clean and dry and keep pad or 4x4 ov; This study is being ordered for some other reason than the choices given.;	1
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	inguinal hernia swelling after surgery; This study is being ordered for some other reason than the choices given.;	1
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	This is a request for a Pelvis CT.;	
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	Yes this is a Inguinal pain, aching; burning, Pt states he was vomiting last week, Pt states he went to the ER for extreme right side groin pain, he had R inguinal hernia repair about 10 years ago; This study is being ordered for some other reason than the choices given.;	1
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	This is a left groin pain.;	
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	This study is being ordered as pre-operative evaluation.;	
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	"The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient.";	1
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	This is a request for a Pelvis numbness, neuropathy, bi- lateral leg pain; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.;	
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	"The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient.";	1
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	This study is being ordered Pelvic abscess with drain. CT needed to evaluate abscess; This study is being ordered due to known or suspected infection.;	
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	"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.";	1
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	This is a Pt is having pain; This study is being ordered for some other reason than the choices given.;	
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	This is a request for a Pelvis CT.;	1
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	Yes this is a request for a Diagnostic CT	1

Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST	Rectal cancer and Pre-sacral abscess with drain tube. Need CT for evaluation of abscess; 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 right groin pain. CT pelvis with valsalva to look for hernia; 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 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 < 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 < Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; No, this is not a preoperative study.; The study is being ordered < Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Pelvis MRI.; The < 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.; 7/26/17; It is not known if there has been any back pain , has a foreign body that broke off in her pelvic area; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	1
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST		1
Surgery	Approval	72192 CT PELVIS WITHOUT CONTRAST		1
Surgery	Approval	72196 MRI PELVIS		1
Surgery	Approval	72196 MRI PELVIS		1
Surgery	Approval	72196 MRI PELVIS		1
Surgery	Approval	72196 MRI PELVIS		1
Surgery	Approval	72196 MRI PELVIS		1

Surgery	Approval	72196 MRI PELVIS	Liver and rectal carcinoma found on colonoscopy performed on 8/14/2017.; 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 This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic 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.; 04/12/2017; There has been treatment or conservative therapy.; unknown; dialysis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted 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.; 04/12/2017; There has been treatment or conservative therapy.; unknown; dialysis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
Surgery	Approval	72196 MRI PELVIS		2
Surgery	Approval	72196 MRI PELVIS		1
Surgery	Approval	72198 MRA , MRI PELVIS ANGIOGRAPHY WITH/WITHOUT CONTRAST		1
Surgery	Approval	73200 CT ARM OR UPPER EXTREMITY		2

Surgery	Approval	73200 CT ARM OR UPPER EXTREMITY	; This study is being ordered for trauma or injury.; 7/02/2017; There has been treatment or conservative therapy.; Pain - has a fracture and ligament tears; therapy and splint was told she may have RSD therapy hasn't improved symptoms; This study is being ordered for trauma or injury.; 12/2016; There has been treatment or conservative therapy.; pain, stiffness, numbness, tension gripping and grasping, achiness;	1
Surgery	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 preoperative or recent postoperative evaluation.; There is suspicion of upper	1
Surgery	Approval	73200 CT ARM OR UPPER EXTREMITY	; This study is being ordered for trauma or injury.; 4/15/2017; There has been treatment or conservative therapy.; Swelling, bruising, inability to wrist with right hand.; Rest, anti-inflammatories and activity 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	10
Surgery	Approval	73200 CT ARM OR UPPER EXTREMITY		8
Surgery	Approval	73200 CT ARM OR UPPER EXTREMITY		1
Surgery	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT		1

Surgery	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Diffuse swelling about the proximal portion of the right hand, wrist and the volar aspect of the distal forearm. Swelling of the fingers is also noted.; This study is being ordered for Inflammatory/ Infectious Disease.; Flexor tenosynovitis of the right upper extremity. Patient has not responded to 5 weeks of conservative treatment.; There has been treatment or conservative therapy.; Greater than 5 week history of right hand, wrist and forearm swelling.; Carpal tunnel injection, and Medrol Dosepak, splinting, and activity restrictions. However, he continues to have significant swelling of this hand and wrist.; One of the studies Evaluate these extensive soft tissue changes from a high velocity/high-energy trauma. 6 days status post accidental injury during an ATV accident where her right hand and wrist in an extended position, possibly took most of the force as she rolled the ATV; 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 The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	1
Surgery	Approval	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 not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue	1
Surgery	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A	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	19
Surgery	Approval	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	3
Surgery	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A		2

Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	< 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 >; It is not known if ; This study is being ordered for trauma or injury.; 4/15/2017; There has been treatment or conservative therapy.; Swelling, bruising, inability to wrist with right hand.; Rest, anti-inflammatories and activity 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 ; This study is being ordered for trauma or injury.; 7/02/2017; There has been treatment or conservative therapy.; Pain - has a fracture and ligament tears; Diffuse swelling about the proximal portion of the right hand, wrist and the volar aspect of the distal forearm. Swelling of the fingers is also noted.; This study is being ordered for Inflammatory/ Infectious Disease.; Flexor tenosynovitis of the right upper extremity. Patient has not responded to 5 weeks of conservative treatment.; There has been treatment or conservative therapy.; Greater than 5 week history of right hand, wrist and forearm swelling.; Carpal tunnel injection, and Medrol Dosepak, splinting, and activity restrictions. However, he continues to have significant swelling of this hand and wrist.; One of the studies	1
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY		1
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY		1
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY		1

Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	Evaluate these extensive soft tissue changes from a high velocity/high-energy trauma. 6 days status post accidental injury during an ATV accident where her right hand and wrist in an extended position, possibly took most of the force as she rolled the ATV; 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 therapy and splint was told she may have RSD therapy hasn't improved symptoms; This study is being ordered for trauma or injury.; 12/2016; There has been	1
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	treatment or conservative therapy.; pain, stiffness, numbness, tension gripping and grasping, achiness; 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	1
Surgery	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 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 been	1
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY		1

Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>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</p> <p>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</p>	15
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>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</p> <p>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</p>	1
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>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</p>	3

Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>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</p> <p>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</p>	2
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>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-</p> <p>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.;</p>	1
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>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.;</p> <p>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</p>	1
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>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</p>	1

Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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 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	2
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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	1
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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	1
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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	1

Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>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</p> <p>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</p>	1
Surgery	Approval	73221 MRI JOINT OF UPPER EXTREMITY	<p>&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,</p>	1
Surgery	Approval	73700 CT LEG OR LOWER EXTREMITY		2

Surgery	Approval	73700 CT LEG OR LOWER EXTREMITY	54 y/o M, with a gradually enlarging mass over the right thigh close to the groin crease for 4 years, with associated discomfort. He is worried about 2 spots where he feels something hard in the mass. He denies any trauma nor infection around the area.; 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	1
Surgery	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	1
Surgery	Approval	73700 CT LEG OR LOWER EXTREMITY	This is a request for a Lower Extremity CT.; This is a preoperative or recent postoperative evaluation.; Yes	2
Surgery	Approval	73706 CT ANGIOGRAPHY LOWER	Yes, this is a request for CT Angiography of the lower extremity.	2
Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< 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.; 6/29/17; There has been treatment or	2
Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Pt is diabetic with a wound to the left lateral foot with bone exposed with a dx of osteomyelitis.; This study is being ordered for Vascular Disease.; 03/15/2017; There has been treatment or conservative therapy.; diabetic	1
Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	2
Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	2

Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.; <Additional Clinical	1
Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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 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	1
Surgery	Approval	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 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	1

Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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 oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film varicosities in legs; This study is 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 had this for 6 years; It is not known if there has been any treatment or conservative therapy.; Bilateral soft tissue masses WILL FAX IN; This study is being ordered for Inflammatory/ Infectious Disease.; 4/4/2017; There has been treatment or conservative therapy.; REDNESS, PAIN IN LIMB, ODOR, INCREASED DRAINNAGE; SURGERY, ANTIBIOTIC THERAPY, OFF LOADING 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	1
Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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 not been treated with	1
Surgery	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		
Surgery	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		

Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< 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.; 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 not a suspicion of an	1
Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< 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	
Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted abdomen and pelvic Ct show abnormality 9/5/20017; 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 followup after a distal pancreatectomy, splenectomy for benign cystic neoplasm. 300% better and finally turn the corner and is over everything. See him back in 6 months with a CT of his pancreas.; 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	1
Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		1
Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	gallbladder removed pt has had hernia repair, still having issues, trying to figure out what it is.; This is a request for an Abdomen CT.; This study is being ordered for another reason	
Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		

Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	R/O 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.; 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)	1
Surgery	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 a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is	1
Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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	1
Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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	2
Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON	This is a request for CT Angiography of the Abdomen and Pelvis.	4
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST		2
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	2
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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 a Breast MRI, CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.; There are 4 exams are being ordered. ; 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	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; 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	1
Surgery	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 not	1
Surgery	Approval	74176 CT ABD & PELVIS W/O 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	2

Surgery	Approval	74176 CT ABD & PELVIS W/O 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.; 06/29/2017; There has been treatment or conservative therapy.; Abdominal pain; The patient is a 25 year old 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	
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Basil cell carcinoma with morthea type differentiation, previous HX of skin and breast 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 Evaluate for metastatic disease. Patient with history of breast and ovarian 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	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	everything has come back normal, however pt still complaining of 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.; around march 2017; follow up diverticulitis with perforation and new 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	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Follow-up of his perforated 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 male.; A rectal exam Gall bladder removed 7 days ago, today states ABD pain, nausea and vomiting, severe; This is a 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	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	hernia, post surgery.; 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	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Intenral bleeding and rectal bleeding; 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	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	looking for a hernia Mass of soft tissue, large 4cm soft tissue mass right groin. Non tender. Non reducible, in the area that one might even suspect a inguinal hernia though it is somewhat mobile; This is a request for an abdomen-pelvis CT combination.; The reason for the study is suspicious mass or suspected tumor or metastasis.;	
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.;	1

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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 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 has a ventral hernia that is causing her a lot of discomfort.; This is a 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	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient has abdominal pain, divided cea, hx of bladder cancer, checking for 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 physician is not a hematologist/ oncologist.	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Patient is showing symptomatic signs of a malfunctioning gallbladder, yet lacks the diagnostic test to warrant a surgery.Pipida scan was normal.Abdominal US in 7/17 was normal. Pt also had an EGD on 7/20/17which was also normal with slight gallbladder wal; 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

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	patient with crohns disease with large umbilical 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	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	patient with diverticulitis completed antibiotics, pain increased, need CT to evaluate; 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 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 possible 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 NOT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	pt had sbo in hospital, still c/o 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	1

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	r/o 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.; It is STAT for today; This is a 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 status post umbilical hernia repair, pain has returned; 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	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	The patient has a primary breast cancer confirmed by biopsy. I have reviewed the radiographic studies and The patient has abdominal pain and a recurrent incisional hernia that needs to be assessed by CT before surgical intervention.; 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	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST		
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST		24

Surgery	Approval	74176 CT ABD & PELVIS W/O 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	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	2
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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 planned for within 30 days.; This study is not being requested for	3
Surgery	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 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	1

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	23
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	2
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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; abdominal pain, History gastric bypass; Yes this is a request for a Diagnostic CT	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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; first f/u since procedure; pain	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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; right groin pain with history of right inguinal hernia repair in the past. Need to rule out femoral hernia; Yes this is a request for a Diagnostic CT	1

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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-	1
Surgery	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.; It is not known if the study is 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	1
Surgery	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 requested by a surgeon, specialist or PCP on behalf of a specialist who has seen	38
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	2
Surgery	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 unexplained weight loss of greater than 10% body	3
Surgery	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; <Enter Additional	14
Surgery	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	4

Surgery	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; Abdominal wall	1
Surgery	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; ABDOMINAL PAIN, CHANGE IN BOWEL HABITS, FLU LIKE SYMPTOMS; Yes	1
Surgery	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; bulge on	1
Surgery	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; hernia, eval prior to	1
Surgery	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; Hernia; Yes this is a request for a Diagnostic CT	1
Surgery	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; History Of Present Illness 	
Surgery	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; INCISIONAL HERNIA; Yes this is a request for a Diagnostic CT	1

Surgery	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; ingrown hernia; Yes	1
Surgery	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; left pain in left side	1
Surgery	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; LLQ abdominal bulge and pain - Spigelian hernia vs abdominal wall eval. Evaluation of umbilical hernia; Yes this is a request for a Diagnostic CT	1
Surgery	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; none; Yes this is a	1
Surgery	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; Patient called out office today complaining of severe upper abdominal pain that goes into her back on both sides, as well as nausea and vomiting. The patient has history of a	1
Surgery	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; Patient has atypical RUQ pain, and has had a normal abdominal ultrasound	1

Surgery	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; Patient has been having abdominal pain. Periumbilical pain has been worsening with exertion. Need CT to rule out the	1
Surgery	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; patient has flank 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 having pain and bloating in abdomen. Pain located Upper abdomen. Lower abdomen is bloated and tenderness is present in the suprapubic are along with the bilateral	1
Surgery	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; Please see attached	1
Surgery	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; pT HAS A BULGE IN HER LEFT SUBCOSTAL REGION, SHE HAS HAD THIS SINCE AROUND 2014 HOWEVER, ON EXAM WE COULD NOT SEE R FEEL ANYTHING OF SIGNIFICANCE, PT STATES IT BULGES OUT CONSIDERABLY WHENEVER SHE	1
Surgery	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; pt has epigastric	1

Surgery	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; Pt is having left lower quadrant pain, upper left quadrant pain and tenderness and h/x of diverticulitis, fever up to 100,	1
Surgery	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; Pt suffers with abdominal pain, diverticulitis and hx of umbilical	1
Surgery	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; right ingrown hernia,	1
Surgery	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; see attached notes.; Yes this is a request for a Diagnostic CT	1
Surgery	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; SHE IS HAVING LEFT LOWER ABDOMINAL PAIN, DYSPHAGIA AND	1
Surgery	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; The patient has a history of duodenal ulcer and colon polys. He is	1

Surgery	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; The patient is a 47 year old African American/Black female, who presents on self-referral for evaluation of RUQ abdominal pain and lower right inguinal pain. The patient has described	1
Surgery	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; The patient is having left upper and lower quadrant pain with abdominal	1
Surgery	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; Trying to rule out	1
Surgery	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	4
Surgery	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; WILL FAX IN CLNCLS;	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	4
Surgery	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	6
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is neither a known nor a strong suspicion of kidney or ureteral stones.; This patient is not experiencing hematuria.; Kidney/Ureteral stone;	1

Surgery	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.; It is not known if there are new symptoms including hematuria.; There are new lab results or other imaging studies including ultrasound, 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	1
Surgery	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 new lab results or other imaging studies including ultrasound, Doppler or plain films	1
Surgery	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 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	1
Surgery	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 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	1

Surgery	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	5
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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, 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 been a recent (within the last 3 months) Abdomen and/or Pelvis CT.; This would not be a repeat of a CT of the abdomen and or pelvis within 6 weeks.; This patient does NOT have known prostate cancer with a PSA	4
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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)	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST		2

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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 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.;</p> <p>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.;</p> <p>There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.;</p> <p>This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.;</p>	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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.;</p> <p>There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.;</p> <p>This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.;</p>	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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.;</p> <p>There are no new signs or symptoms including hematuria, presenting with known cancer or tumor.;</p> <p>This patient does NOT have known prostate cancer</p>	1

Surgery	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 male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1
Surgery	Approval	74176 CT ABD & PELVIS W/O 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1
Surgery	Approval	74176 CT ABD & PELVIS W/O 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	2
Surgery	Approval	74176 CT ABD & PELVIS W/O 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	To determine size of Hernia.; This is a 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	1

Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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.; 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.;	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1
Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Unknown; 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	1
Surgery	Approval	74176 CT ABD & PELVIS W/O 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.; 3YEARS AGO; There has been treatment or conservative therapy.; SEVERE ABDOMINAL PAIN 3YEARS PENDING, WORSENS WITH PHYSICAL ACTIVITY, HISTORY OF NASUEA; GALL BLADDER REMOVED, LAB WORK, COLONOSCOPY (2/2014)NORMAL, APENDECTOMY (1972); One of the studies being	1
Surgery	Approval	74181 MRI ABDOMEN	< 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	1
Surgery	Approval	74181 MRI ABDOMEN	< 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.; 7/26/17; It is not known if there has been any	1

Surgery	Approval	74181 MRI ABDOMEN	Liver and rectal carcinoma found on colonoscopy performed on 8/14/2017.; 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 Patient has 6 cm soft tissue mass. MRI needed for per-op evaluation; This request is for an Abdomen MRI.;	1
Surgery	Approval	74181 MRI ABDOMEN	This study is being ordered for pre-operative 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	1
Surgery	Approval	74181 MRI ABDOMEN	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	1
Surgery	Approval	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 is undergoing active treatment for cancer.; "The ordering physician is an	1
Surgery	Approval	74181 MRI ABDOMEN	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	1
Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist,	1
Surgery	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for pre-operative evaluation.; "The ordering physician is an oncologist, urologist,	1

Surgery	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 had an abdominal ultrasound, CT, or MR study."; CT scan and MRI showed a dilated bile duct up to 12 mm and a dilated pancreatic duct up to 9 mm 	
Surgery	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 had an abdominal ultrasound, CT, or MR study."; Focal nodular	1
Surgery	Approval	74181 MRI ABDOMEN	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	1
Surgery	Approval	74181 MRI ABDOMEN	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.; It is not known if the patient had and	1
Surgery	Approval	74181 MRI ABDOMEN	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	1
Surgery	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.; <	3

Surgery	Approval	74181 MRI ABDOMEN	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.; 04/12/2017; There has been treatment or conservative therapy.; unknown; dialysis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
Surgery	Approval	74185 MRA, MRI ANGIOGRAPHY ABDOMEN WITH/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.; 04/12/2017; There has been treatment or conservative therapy.; unknown; dialysis; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
Surgery	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C-/C+ POST-PXESSING		1
Surgery	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.	9
Surgery	Approval	76380 CT FOLLOW-UP OR LIMITED STUDY ANY AREA	patient has intra-abdominal abscess and has drain currently in place. study needs to be done to assess if drain needs to remain in place or be removed; Limited	1
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral		1
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for	1

Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Chief Complaint  history of right breast mass; 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 known new diagnosis of breast cancer of left breast;	1
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	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 Mother, and two grandmothers with a history of breast cancer and one of the grandmothers had breast cancer early 30's. Pt has elevated tyrer cuzick at 24.2%.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased reoccurrence or leakage; 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	1
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	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.	5
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	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.;	1

Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	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	1
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	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	2
Surgery	Approval	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 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	11
Surgery	Approval	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 history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	6
Surgery	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	Yellow discharge from 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	1
Surgery	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.; The patient has not had a recent non-nuclear stress test.;	1
Surgery	Approval	78813 PET IMAGING WHOLE BODY	This patient is clinically obese or has an emphysematous chest configuration.; The patient's age is between 45 and 64.; The patient has not had a stress	1

Surgery	Approval	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 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	1
Surgery	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 Breast Cancer.; This is for	3
Surgery	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.; This would be the	1
Surgery	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	1
Surgery	Approval	78813 PET IMAGING WHOLE BODY	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	1
Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		1
Surgery	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 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	1

Surgery	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 Breast Cancer.; This is for	1
Surgery	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	1
Surgery	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 Melanoma.; This is for evaluation	2
Surgery	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 Melanoma.; This is NOT for evaluation of regional lymph nodes.; This would be the	1
Surgery	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 Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This would be the first PET Scan	1
Surgery	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 subsequent treatment.; This study is being requested for Colo-rectal Cancer.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET	1
Surgery	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 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	1
Surgery	Approval	S8037 mrcp		2

			< Enter answer here - or Type In Unknown If No Info Given. >; 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.; It is not known if MRCP will 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	1
Surgery	Approval	S8037 mrcp	debilitated or uncooperative in such a manner that	
			< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for MRCP.; There is no	1
Surgery	Approval	S8037 mrcp	cancer level has elevated; This is a request for MRCP.;	
			There is no reason why the patient cannot have an	1
Surgery	Approval	S8037 mrcp	nausea and severe abd pain; This is a request for	
			MRCP.; There is no reason why the patient cannot have	1
			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	
Surgery	Approval	S8037 mrcp	ERCP.; The patient does not require evaluation for a	1
			congenital defect of the pancreatic or biliary tract.; The	
			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	
Surgery	Approval	S8037 mrcp	ERCP.; The patient requires evaluation for a congenital	1
			This is a request for MRCP.; There is a reason why the	
			patient cannot have an ERCP.; The patient has not	
Surgery	Approval	S8037 mrcp	undergone an unsuccessful ERCP.; The patient has an	1
			ULTRASOUND AND CT WERE ABNORMAL, RIGHT	
			UPPER QUADRANT PAIN AND NAUSEA; This is a request	
Surgery	Approval	S8037 mrcp	for MRCP.; There is no reason why the patient cannot	1

				< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious 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	1
Surgery	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary		
		70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the Neck.	1
Surgery	Disapproval			< 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.;	
Surgery	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has a sudden change in mental status.; It is	1
		70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	major depressing	
Surgery	Disapproval			< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious 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	1
Surgery	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
Surgery	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	CT/MRI.	1
		71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	Chest wall pain.; A Chest/Thorax CT is being ordered.;	
Surgery	Disapproval			The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is	1

Surgery	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	The patient is complaining of chest pain. He had a chest xray taken in April 2017 that showed multifocal pleural parenchymal opacities. Scan is being ordered to see if there has been any changes; "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 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.; 3YEARS AGO; There has been treatment or conservative therapy.; SEVERE ABDOMINAL PAIN 3YEARS PENDING, WORSENS WITH PHYSICAL ACTIVITY, HISTORY OF NASUEA; GALL BLADDER REMOVED, LAB WORK, COLONSCOPY (2/2014)NORMAL,	1
Surgery	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	APENDECTOMY (1972); One of the studies being post op; This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc...; This is a	1
Surgery	Disapproval	71550 MRI CHEST	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 >; It is not known if	1
Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Surgery	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	THE PT UNDER WENT A RT. INGUINAL HERNIA REPAIR ON 3/6/17 AFTER SURGERY PT COMPLAINED OF RT GRION PAIN AND LEG NUMBNESS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/07/2017; It is not known if there has been any treatment or conservative therapy.; RT GROIN PAIN, NUMBNESS OF RIGHT ANTERIOR THIGH, NUMBNESS RT. THIGH, RT GROIN < 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 >; It is not known if	1
Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	THE PT UNDER WENT A RT. INGUINAL HERNIA REPAIR ON 3/6/17 AFTER SURGERY PT COMPLAINED OF RT GRION PAIN AND LEG NUMBNESS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/07/2017; It is not known if there has been any treatment or conservative therapy.; < Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if	1
Surgery	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	THE PT UNDER WENT A RT. INGUINAL HERNIA REPAIR ON 3/6/17 AFTER SURGERY PT COMPLAINED OF RT GRION PAIN AND LEG NUMBNESS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 03/07/2017; It is not known if there has been any treatment or conservative therapy.; < Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The	1
Surgery	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 has acute or chronic back pain.; The patient has none of the above	1
Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	abnormal xray and 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 back pain , has a foreign body that broke off in her pelvic area; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	1
Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	left lower quad pain , radiating to the back; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	1
Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	THE PT UNDER WENT A RT. INGUINAL HERNIA REPAIR ON 3/6/17 AFTER SURGERY PT COMPLAINED OF RT GRION PAIN AND LEG NUMBNESS; This study is 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
Surgery	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	03/07/2017; It is not known if there has been any treatment or conservative < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a metastatic disease.;	1
Surgery	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.;	1
Surgery	Disapproval	73200 CT ARM OR UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	One of the studies being ordered is a Breast A shunt with multiple possible cyst on her bilateral upper and lower extremities. None of them appear to be simple cysts immediately below the skin surface that would be consistent with epidermoid cyst. Concern that some of them may involve deeper structu; One of the studies being ordered is a Breast	2

Surgery	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	<p>; This study is being ordered for a neurological disorder.; 07/27/2017; There has been treatment or conservative therapy.; Pain on the dorsum of the left proximal thumb and radial side of her wrist. Tingling and numbness in the radial sensory nerve distribution area as well as some in the ulnar nerve distribution area dorsally.; Anti-inflammatories, activity modification and rest; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET</p> <p>Large protuberant mass, potentially to masses extending across about 10 cm, from the base of the first webspace to the distal forearm. The more distal mass lies over the extensor pollicis longus tendon with slight motion through thumb flexion and extensio; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; A year ago; It is not known if there has been any treatment or conservative therapy.; Large protuberant mass, potentially to masses extending across about 10 cm, from the base of the first webspace to the distal forearm. The more distal mass lies over the extensor pollicis longus tendon with slight motion through</p>	2
Surgery	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	<p>Mild diffuse swelling about the proximal portion of the right hand and the volar aspect of the distal forearm. Pain with only the extremes of wrist flexion and extension. Diminished finger flexion and extension due to pain felt of the carpal tunnel region; This study is being ordered for Inflammatory/ Infectious Disease.; 8/09/2017; There has been treatment or conservative therapy.; Pain, swelling right hand and distal forearm; Right carpal tunnel injection and NSAIDS; One of the studies being ordered is NOT a Breast MRI, CT</p>	2
Surgery	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	<p>Right carpal tunnel injection and NSAIDS; One of the studies being ordered is NOT a Breast MRI, CT</p>	1

Surgery	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	Post op right CTR with continued pain and swelling; This study is being ordered for Inflammatory/ Infectious Disease.; 01/25/2017; There has been treatment or conservative therapy.; Pain throughout the median nerve distribution area with numbness and even electricity.; NSAIDs, steroid injections, splinting and surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or The request is for an upper extremity non-joint MRI.;	1
Surgery	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary	This is a preoperative or recent postoperative evaluation.	1
Surgery	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A 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 < 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	
Surgery	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter date of initial onset here - or Type In Unknown If No Info Given >; It is not known if ; This study is being ordered for a neurological disorder.; 07/27/2017; There has been treatment or conservative therapy.; Pain on the dorsum of the left proximal thumb and radial side of her wrist. Tingling and numbness in the radial sensory nerve distribution area as well as some in the ulnar nerve distribution area dorsally.; Anti-inflammatories, activity	2
Surgery	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	modification and rest; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET	2

Surgery	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	back pain , has a foreign body that broke off in her pelvic area; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 5/17/2017; There has not been any treatment or conservative therapy.; abdominal pain , pelvic pain Large protuberant mass, potentially to masses extending across about 10 cm, from the base of the first webspace to the distal forearm. The more distal mass lies over the extensor pollicis longus tendon with slight motion through thumb flexion and extensio; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; A year ago; It is not known if there has been any treatment or conservative therapy.; Large protuberant mass, potentially to masses extending across about 10 cm, from the base of the first webspace to the distal forearm. The more distal mass lies over the extensor pollicis longus tendon with slight motion through	1
Surgery	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Mild diffuse swelling about the proximal portion of the right hand and the volar aspect of the distal forearm. Pain with only the extremes of wrist flexion and extension. Diminished finger flexion and extension due to pain felt of the carpal tunnel region; This study is being ordered for Inflammatory/ Infectious Disease.; 8/09/2017; There has been treatment or conservative therapy.; Pain, swelling right hand and distal forearm;	1
Surgery	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Right carpal tunnel injection and NSAIDS; One of the studies being ordered is NOT a Breast MRI, CT	1

Surgery	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Patient has had several falls. She's been on multiple antibiotics including quinolones and she's having more muscle skeletal complaints.; This study is being ordered for trauma or injury.; 8/04/2017; There has been treatment or conservative therapy.; Bilateral shoulder pain; 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 Post op right CTR with continued pain and swelling; This study is being ordered for Inflammatory/ Infectious Disease.; 01/25/2017; There has been treatment or conservative therapy.; Pain throughout the median nerve distribution area with numbness and even electricity.; NSAIDs, steroid injections, splinting and surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or 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	2
Surgery	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Inflammatory/ Infectious Disease.; 08/16/2017; There has been treatment or conservative therapy.; Patient is having bilateral cyst's on Hips , generalized 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	1
Surgery	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	A shunt with multiple possible cyst on her bilateral upper and lower extremities. None of them appear to be simple cysts immediately below the skin surface that would be consistent with epidermoid cyst. Concern that some of them may involve deeper structu; One of the studies being ordered is a Breast	2
Surgery	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary		2
Surgery	Disapproval	73700 CT LEG OR LOWER EXTREMITY	Radiology Services Denied Not Medically Necessary		2

				< 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.; 2013; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; kidney stints, open repair; One of the studies being ordered is	
Surgery	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET pt had gallbladder removal and is having abdominal pain, with palpable nodule; This is a request for an Abdomen CT.; This study is being ordered for another	1
Surgery	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	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.; 2013; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; kidney stints, open repair; One of the studies being ordered is	
Surgery	Disapproval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	Radiology Services Denied Not Medically Necessary	NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET < Enter answer here - or Type In Unknown If No Info Given. >; 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 2004 procedure; bulge in abd 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	1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1

Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	abdominal pain Nausea/vomiting started 3 months ago, traveled to India for 2 weeks, peri umbilical pain, monitored for 3 months and now back for CT scan for further evaluation; This is a 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 One year issue, moderate in severity, localized in right lower quadrant. k59.00 and k58.9; 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 patient had a UNIL INGUINAL HERNIA and Umbilical Hernia repair 4/28/17 with Mesh. Patient was seen by Dr. Angie Yeagerbach at Med- Express on 8/17/17 concerned that patient has swelling at the mesh site. patient was seen By Dr. Eric Paul on 9/11/17. There; 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 patient revealed to me today that she's had numerous surgeries on the abdomen and that when her pain is worst, there is a palpable bulge in her abdomen concerning for hernia. Imaging last year did not reveal a hernia but with her history of mesh placement; This is a 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	1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this patient had a UNIL INGUINAL HERNIA and Umbilical Hernia repair 4/28/17 with Mesh. Patient was seen by Dr. Angie Yeagerbach at Med- Express on 8/17/17 concerned that patient has swelling at the mesh site. patient was seen By Dr. Eric Paul on 9/11/17. There; 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 patient revealed to me today that she's had numerous surgeries on the abdomen and that when her pain is worst, there is a palpable bulge in her abdomen concerning for hernia. Imaging last year did not reveal a hernia but with her history of mesh placement; This is a 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	1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	abdominal and/or pelvic pain.; The study is being ordered for chronic patient revealed to me today that she's had numerous surgeries on the abdomen and that when her pain is worst, there is a palpable bulge in her abdomen concerning for hernia. Imaging last year did not reveal a hernia but with her history of mesh placement; This is a 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	1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	abdominal and/or pelvic pain.; The study is being ordered for chronic patient revealed to me today that she's had numerous surgeries on the abdomen and that when her pain is worst, there is a palpable bulge in her abdomen concerning for hernia. Imaging last year did not reveal a hernia but with her history of mesh placement; This is a 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	1

Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	pt is having stomach cramps and knot that has come up on pts 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 rebound and tenderness; This is a 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	1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	The patient is complaining of left lower quadrant pain. Screening colonoscopy has been scheduled; 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	1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	The Pt had abnormal x-ray. Pt has history of colon polyps. Pt has rectal bleeding. Pt has Gerd. Pt has abdominal constipation and rectal bleeding.; 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	1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	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-	1
Surgery	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; <Enter Additional	1
Surgery	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 is evidence of organ enlargement on ultrasound, plain film, or IVP.; Organ Enlargement;	1

Surgery	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 abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The Weight loss of 78lbs since 4/16, current weight 112, severe heartburn and nothing helps, ABD 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 bloody left nipple 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 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.	1
Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Abnormal EKG preop evaluation; The patient is not diabetic.; The patient is less than 45 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 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	1
Surgery	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary		1
Surgery	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary		1
Surgery	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		1
Surgery	Disapproval	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary		1

Surgery	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 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1
Surgical Oncology	Approval	70450 CT BRAIN, HEAD		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,	1
Surgical Oncology	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST		lymphadenopathy, or mass.; Yes this is a request for a < 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 ; This study is being ordered for a metastatic disease.;	1
Surgical Oncology	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 NOT	1
Surgical Oncology	Approval	71250 CT CHEST, THORAX		A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request	5
Surgical Oncology	Approval	71250 CT CHEST, THORAX		Multiple non calcified nodules with RUL pleural thickening and upper lobe cavity. CT to evaluate parenchyma.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This	1
Surgical Oncology	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	2

Surgical Oncology	Approval	71250 CT CHEST, THORAX	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been ; This study is being ordered for a metastatic disease.;	1
Surgical Oncology	Approval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	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 ; This study is being ordered for a metastatic disease.;	1
Surgical Oncology	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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 < Enter answer here - or Type In Unknown If No Info Given. >;	1
Surgical Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	>; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or < 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	1
Surgical Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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 an abdominal and pelvic or retroperitoneal mass that has been confirmed by previous imaging other than a CT.;	1
Surgical Oncology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This patient does NOT have known prostate cancer with a PSA (prostate-specific antigen) greater than 10.;	1

Surgical Oncology	Approval	74176 CT ABD & PELVIS W/O 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Restaging of Cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Surgical Oncology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	pERSISTANT PAIN AND TENDERNESS OF BREAST WITH HISTORY OF BREAST CANCER AND BILATERAL MASTECTOMIES WITH RECONSTRUCTION..; 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 PT HAS RT PALPABLE BREAST LUMP WITH NEGATIVE MAMMO AND ULTRASOUND. MRI IS REQUESTED FOR FURTHER EVALUATION. PT ALSO HAS FAMILY HX OF BREAST CANCER IN MAT AUNT, MAT GRANDMOTHER, MATERNAL GREAT GRANDMOTHER AND SISTER. CALCULATED LIFETIME RISK OF 28.7%; This is a request for Breast MRI.; This study is being ordered for known	1
Surgical Oncology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral	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	1
Surgical Oncology	Approval	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 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	2
Surgical Oncology	Approval	77058 MRI breast,without and/or with contrast material(s);unilateral		4

Surgical Oncology	Approval	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 history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	1
Surgical Oncology	Approval	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.; There are benign lesions in the breast associated with an increased cancer risk.	1
Surgical 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 Breast Cancer.; This is NOT for an evaluation of axillary lymph nodes.; This would be the	2
Surgical 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	1
Surgical Oncology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	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	1
Surgical Oncology	Disapproval	77058 MRI breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary	consistent clear and spontaneous nipple discharge after a negative mammogram and negative ultrasound. Mri requested for further evaluation; 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,	1
Surgical Oncology	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 study is requested for evaluation of the heart prior to non cardiac surgery.	1
Thoracic Surgery	Approval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST		Yes, this is a request for CT Angiography of the Neck.	2

Thoracic Surgery	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 stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, "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 "The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ; "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 A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request 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	1
Thoracic Surgery	Approval	71250 CT CHEST, THORAX		2
Thoracic Surgery	Approval	71250 CT CHEST, THORAX		1
Thoracic Surgery	Approval	71250 CT CHEST, THORAX		1
Thoracic Surgery	Approval	71250 CT CHEST, THORAX		4
Thoracic Surgery	Approval	71250 CT CHEST, THORAX 71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	1
Thoracic Surgery	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >;04/27/2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >;therapy and medication	1

Thoracic Surgery	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	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.	1
Thoracic Surgery	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; < Enter date of initial onset here - or Type In Unknown If No Info Given >04/27/2017; There has been treatment or conservative therapy.; < Describe primary symptoms here - or Type In Unknown If No Info Given >; < Describe treatment / conservative therapy here - or Type In Unknown If No Info Given >;therapy and medication	1
Thoracic Surgery	Approval	72191 CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	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 Thoracic Surgery	1
Thoracic Surgery	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of joint or bone infection.	1
Thoracic Surgery	Approval	73706 CT ANGIOGRAPHY LOWER EXTREMITY	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 Thoracic Surgery	1
Thoracic Surgery	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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 Thoracic Surgery	1

Thoracic Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON	This is a request for CT Angiography of the Abdomen and Pelvis. 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	2
Thoracic Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST 75635 CTA AA&BI	Yes, this is a request for CT Angiography of the abdominal arteries. 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past	1
Thoracic Surgery	Approval	75635 CTA AA&BI ILIOFEM LXTR RS&I C- /C+ POST-PXESSING	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	1
Thoracic Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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	1
Thoracic Surgery	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 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	1
Thoracic Surgery	Approval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY		1

Thoracic Surgery	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 subsequent treatment.; This study is being requested for Ovarian or Esophageal 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. < Enter answer here - or Type In Unknown If No Info Given. >;	1
Thoracic Surgery	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	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	1
Thoracic Surgery	Disapproval	71250 CT CHEST, THORAX	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.; 7/13/16; There has been treatment or conservative therapy.; aneurysm f/u; SURGICAL REMOVAL OF LFT ATRIAL MYXOMA	1
Thoracic Surgery	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	annual follow for thoracic aortic aneurysm; There is a particular clinical reason why the exam is being performed at this facility.; continuity of care; 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

Thoracic Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT COMPLAINS OF LOWER ABDOMINAL PAIN WITH CONSTIPATION AND BLOODY STOOLS; This is a 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
Thoracic Surgery	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Right upper quadrant pain with severe 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 female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1
Thoracic Surgery	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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.; ; 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 >;	1

Thoracic Surgery	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 30 to 39	1
Thoracic Surgery	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	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's age is between 45 and 64.; 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. < 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.; 7/13/16; There has been treatment or < 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 ; 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
Thoracic Surgery	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 7/13/16; There has been treatment or < 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 ; 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
Unknown	Approval	70450 CT BRAIN, HEAD			1
Unknown	Approval	70450 CT BRAIN, HEAD			1

Unknown	Approval	70450 CT BRAIN, HEAD	Episodic cluster headache, not intractable.; 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 headaches x 1 month, c/o aura or vision changes, c/o "worst headache of life";; This is a request for a brain/head CT.; The study is being requested for evaluation of a headache.; The headache is described	1
Unknown	Approval	70450 CT BRAIN, HEAD	Karl is experiencing increased dizziness and an acute episode of sudden loss of vision. The episode was short and his vision did return. denies headache or eye pain at time of episode.; This is a request for a brain/head CT.; Thi study is being requested for None of the	1
Unknown	Approval	70450 CT BRAIN, HEAD	patient fell and has head and neck trauma. currently having worst headache of life; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS,	1
Unknown	Approval	70450 CT BRAIN, HEAD	patient had facial reconstructive surgery 8 months ago for severe head trauma. he has worst headache of life and possible severe sinus infection; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT,	1
Unknown	Approval	70450 CT BRAIN, HEAD	Patient has been having Headaches for 6 months, over the counter pain medications are not helping with pain.; 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	1
Unknown	Approval	70450 CT BRAIN, HEAD	one-sided weakness, vision defects, speech Pt has had new onset of seizure, generalized convulsion, loss of bladder control, loss of bowel control, they last about 5 minutes; This is a request for a brain/head CT.; This study is requested for a new	1
Unknown	Approval	70450 CT BRAIN, HEAD	onset of seizures or newly identified change in seizure activity or pattern.	1

Unknown	Approval	70450 CT BRAIN, HEAD	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	6
Unknown	Approval	70450 CT BRAIN, 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.; 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.	1
Unknown	Approval	70450 CT BRAIN, 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.; 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.	1
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.; 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.	1
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 does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1
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	1

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	6
Unknown	Approval	70450 CT BRAIN, HEAD	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.	2
Unknown	Approval	70450 CT BRAIN, HEAD 70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	This is a request for a brain/head CT.; This study is requested for known or suspected bleed such as "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"	3
Unknown	Approval	70480 CT ORBIT,EYE SOCKET, SELLA TURCICA, POSTERIOR FOSSA,EAR ETC.	< 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.	1
Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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 ; 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	1
Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST		1

Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Chronic sinus problems, present for years; 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 pt has been treated for chronic allergic rhinitis for 1 year. she has had multiple episodes of sinusitis and has improvement while on medication but when medication is completed symptoms return.; 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	1
Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	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	1
Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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	2
Unknown	Approval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL 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 Recurrent Acute < 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.; 3/2017; 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	1
Unknown	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST		1

Unknown	Approval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	LYMPHADENOPATHY; 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.; The lump did not get	1
Unknown	Approval	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 < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 8/2016; There has not been any treatment or conservative therapy.; Patient has blurred vision, headache with unknown cause, loss of peripheral vision in lft 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 Pt. is also to be evaluated to see if she would qualify for injection 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.; July 2009; There has been treatment or conservative therapy.; Pt. has numbness and tingling radiating from her neck into both her arms and shoulders, along with pain in her neck. Pt. is having numbness and tingling in both her ; This study is being ordered for a neurological disorder.; about a year ago and continued to get worse; It is not known if there has been any treatment or conservative therapy.; new diplopia, vision changes, headaches that have worsened, wakes up with	5
Unknown	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE		1
Unknown	Approval	70540 MRI ORBIT/FACE/NECK W/O DYE		1
Unknown	Approval	70544 Mr angiography head w/o dye		1

Unknown	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	1
Unknown	Approval	70544 Mr angiography head w/o dye	There is not an immediate family history of aneurysm.; The patient has a known aneurysm.; This is a request	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< 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	2
Unknown	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	1
Unknown	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; 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	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for a neurological disorder.; 8/2016; There has not been any treatment or conservative therapy.; Patient has blurred vision, headache with unknown cause, loss of peripheral vision in lft 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	1
Unknown	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.;	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	There is not a new and sudden onset of a headache less than 1 week not improved by medications.; There	1

Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; 2014 OR BEFORE; There has been treatment or conservative therapy.; RIGHT FOOT DROP AND HAS FALLS. BLURRED VISION. BILATERAL HIP JOINT PAIN. TROUBLE GOING TO SLEEP. URINARY AND BOWEL	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	; This study is being ordered for a neurological disorder.; about a year ago and continued to get worse; It is not known if there has been any treatment or conservative therapy.; new diplopia, vision changes, headaches that have worsened, wakes up with All this started with numbness in the right leg and lower back, has many symptoms. Some of them include opposite memory, lack of concentration, nausea, dizziness, spasms in the leg and back, numbness in abdomen, right thigh, left shin, trouble with bladder; This study is being ordered for a neurological disorder.; 7/2016; It is not known if there has been any treatment or conservative therapy.; numbness of lower limb, has sharp shooting pains down the right leg up to right	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Also has history of migraines. He feels they're getting more frequent now. Starts at the back of his head on the right side. Throbbing in nature. 10/10 in intensity. Worsened with light and noise. Associated with	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Continuous headaches since car accident. Also neck pain.; 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	1

Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	nausea, dizziness and fullness in the right ear. It started on Monday. At baseline according to her husband she is always dizzy but this got worse since Monday. She feels vertiginous. Changing positions makes it worse. She is also nauseous. Her PCP prescr; 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 Patient has never had an MRI scan for these symptoms and MRI is needed to aid in diagnosis and treatment.; This study is being ordered for a neurological disorder.;	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	07/01/2017; There has been treatment or conservative therapy.; Bell's palsy, trigeminal neuralgia, neck pain, right arm weakness and numbness; Patient was placed PT WAS PREVIOUSLY SEEN OUT OF STATE AND HE SAID IT WAS TOO FAR TO GO FOR FUP. HE IS NEW TO THIS PHYSICIAN.DIZZINESS, SLURRED SPEECH AND MAIN COMPLAINT IS TREMORS WHICH LAST ANYWHERE FROM 3-25 MINUTES, NOW TAKES DEPAKOTE AND THEY ARE DOWN TO 2-12 TIMES A D; This request is for a Brain MRI; The study is NOT being requested for	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	1
Unknown	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 recent neurological symptoms or deficits	2

Unknown	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	10
Unknown	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	1
Unknown	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 recent neurological deficits on exam such as one sided	7
Unknown	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 had a thunderclap headache or worst headache of the	1
Unknown	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 associated with headache, blurred or double vision or a change in	2
Unknown	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 associated with headache, blurred or double vision or a change in	2
Unknown	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 intermittent or new neurological symptoms or deficits	2

Unknown	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	1
Unknown	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 seizures; There has not been a previous	2
Unknown	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 stroke or aneurysm; There are recent neurological symptoms such as one sided weakness,	2
Unknown	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	3
Unknown	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 recent neurological symptoms such as one-sided weakness,	1
Unknown	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.	4
Unknown	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	1

Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Tremor, On neurological examination he has left upper extremity rest tremors, decreased and irregular finger tapping and foot tapping on the left side. He has both the features of Parkinson's disease(Left shoulder stiffness, rest tremors) and essential tr; 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 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 vision loss in her right eye; 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 "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 "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	1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
Unknown	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST		1
Unknown	Approval	71250 CT CHEST, THORAX		5
Unknown	Approval	71250 CT CHEST, THORAX		1

Unknown	Approval	71250 CT CHEST, THORAX	; 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, ; 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 ; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been 1 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	1
Unknown	Approval	71250 CT CHEST, THORAX	; 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 ; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been 1 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	1
Unknown	Approval	71250 CT CHEST, THORAX	; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been 1 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	1
Unknown	Approval	71250 CT CHEST, THORAX	; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been 1 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	1
Unknown Unknown 2.	Approval	71250 CT CHEST, THORAX		1 Persistent ple
Unknown	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request	8
Unknown	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes	2
Unknown	Approval	71250 CT CHEST, THORAX	Enter answer here - or Type In Unknown Follow up on pulmonary nodules found on CT scan; "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	1
Unknown	Approval	71250 CT CHEST, THORAX	Have documentation of pulmonary nodules from 8-8-17. Pt had CT ABD and Pelvis during an ER visit.; "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	1

Unknown	Approval	71250 CT CHEST, THORAX	INCREASED SIGNS AND 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 patient has a history of pulmonary nodules; "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 Patient has year round allergies. Has rhinorrhea, post nasal drip, sneezing and nasal itching. He coughs when he lies down. He takes antihistamine with partial relief. He has not started his nasal spray due to insurance coverage. Has chronic cough but d; A Chest/Thorax CT is being ordered.; The study is being Pt had an abnormal CT of the chest done 3 months ago, he needs another CT chest for follow up now; "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 Pt. had Lap Cholecystectomy on 08/17/2017.	1
Unknown	Approval	71250 CT CHEST, THORAX	Continue to have abdominal pain and also complains of chest pain. Checking for pulmonary embolus.; One of the studies being ordered is a Breast MRI, CT Radiologist report states:	1
Unknown	Approval	71250 CT CHEST, THORAX	restaging of known Mycosis fungoides involving lymph nodes of axilla; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast	1
Unknown	Approval	71250 CT CHEST, THORAX	Several new nodules within the right lower lobe could	1
Unknown	Approval	71250 CT CHEST, THORAX	STERNUM PAIN RECENT CABG,EPIGASTRIC PAIN,KNOT AT BOTTOM OF XYPHOID PROCESS,RECOMMENDED CT	1

Unknown	Approval	71250 CT CHEST, THORAX	the patient has three lung nodules in the right lung per previous CTs; "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	1
Unknown	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	1
Unknown	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of mediastinal widening.; There is physical or radiologic evidence of a chest wall abnormality.; The ordering physician is NOT a Surgeon, Pulmonologist, or Cardiologist.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being	1
Unknown	Approval	71250 CT CHEST, THORAX	There is no radiologic evidence of non-resolving pneumonia.; "The caller doesn't know if the ordering physician is 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 radiologic evidence of a lung abscess or empyema.; A Chest/Thorax CT is being ordered.; This study is being	1
Unknown	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	2
Unknown	Approval	71250 CT CHEST, THORAX	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	1

Unknown	Approval	71250 CT CHEST, THORAX	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been I had the pleasure of seeing Mr. Croom in consultation for pulmonary vein isolation. As you know she is a pleasant 39 yr old male with a history of HL, Hypothyroidism, and AF for 10 years. He was initially diagnosed after sxs of flutters and heart racing ; 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	1
Unknown	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST		1
Unknown	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	9
Unknown	Approval	71550 MRI CHEST 72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	Marci Anderson is a 32-year-old right-hand dominant lady who was initially evaluated by me several months ago for diffuse pain, numbness and tingling of bilateral upper extremities with the left being subjectively worse than the right. She has since star; This study is NOT being ordered for a Work-up for Suspicious Mass,	1
Unknown	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	1. Continue Rigid collar for 6-8 weeks; patient fell and has head and neck trauma. currently having worst headache of life; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS,	1
Unknown	Approval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1

Unknown	Approval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Unknown	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-	1
Unknown	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	2
Unknown	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	1
Unknown	Approval	72131 CT LUMBAR SPINE, LOW BACK	experiencing symptoms of radiculopathy for six weeks 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	1
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	3
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< 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	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >;Bilateral upper extremity parathesia that is cervical in nature; 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	1

Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>; This study is being ordered for a neurological disorder.; 2014 OR BEFORE; There has been treatment or conservative therapy.; RIGHT FOOT DROP AND HAS FALLS. BLURRED VISION. BILATERAL HIP JOINT PAIN. TROUBLE GOING TO SLEEP. URINARY AND BOWEL</p> <p>All this started with numbness in the right leg and lower back, has many symptoms. Some of them include opposite memory, lack of concentration, nausea, dizziness, spasms in the leg and back, numbness in abdomen, right thigh, left shin, trouble with bladder;</p> <p>This study is being ordered for a neurological disorder.; 7/2016; It is not known if there has been any treatment or conservative therapy.; numbness of lower limb, has sharp shooting pains down the right leg up to right</p> <p>Also has history of migraines. He feels they're getting more frequent now. Starts at the back of his head on the right side. Throbbing in nature. 10/10 in intensity. Worsened with light and noise. Associated with</p>	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</p> <p>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</p> <p>72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST</p>	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	<p>Enter answer here - or Type &#x0D;</p> <p>Patient has never had an MRI scan for these symptoms and MRI is needed to aid in diagnosis and treatment.;</p> <p>This study is being ordered for a neurological disorder.;</p> <p>07/01/2017; There has been treatment or conservative therapy.; Bell's palsy, trigeminal neuralgia, neck pain, right arm weakness and numbness; Patient was placed</p> <p>pt is also having pain and numbness; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.;</p> <p>8/15/2017;</p>	1

Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	She states that her pain and radiculopathy have worsened since that time. She is wanting to get another MRI with a referral to neurosurgery or injections if needed. Her pain is rated 8/10 most days. She takes ibuprofen or tylenol PRN with some improvement; 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 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, 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 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 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	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		2
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST		2

Unknown	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.; The patient does have new signs or symptoms of bladder or	3
Unknown	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 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	3
Unknown	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	10
Unknown	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; Yes, the patient have new or changing neurological signs or symptoms.; Yes, the patient is experiencing or presenting new symptoms of upper extremity	2
Unknown	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.	6
Unknown	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.	1
Unknown	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	1
Unknown	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	6

Unknown	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	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	This is a request for cervical spine MRI; Trauma or recent injury; Severe Headache; No, the patient does not have new or changing neurological signs or symptoms.	1
Unknown	Approval	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	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	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 no weakness or reflex abnormality.; The patient does not have new signs or	1
Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	X-rays of her cervical spine, 3 views, do show loss of normal cervical lordosis. There it is degenerative disc disease between 5-6 and 6-7.; 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	1

Unknown	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	X-RAYS REVEALED SEVERE DJD AND DDD IN SEGMENTS NOTED ON PREVIOUS SCREEN.; This is a request for cervical spine MRI; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; SEVERE DJD AND DDD AT C4-C7, ONTERIOLISTHESIS OF C2/C3 AND C3/C4, NUMBNESS OF RIGHT SHOULDER INTO 1ST-4TH DIGITS OF RIGHT HAND. PATIENT NOT IMPROVING WITH TREATMENTS, AND LOSING STRENGTH IN RIGHT ARM	1
Unknown	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	< 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.	1
Unknown	Approval	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.; 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,	1
Unknown	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Chronic pain secondary to lumbar post-laminectomy neuropathic pain syndrome and ongoing right L5 radiculitis. Planning for spinal cord stimulator.; This is a request for a thoracic spine MRI.; Pre-Operative	1
Unknown	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.; The study is being ordered due to chronic back pain or suspected degenerative disease.; Caller does not know	1
Unknown	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	pt is also having pain and numbness; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 8/15/2017;	1

Unknown	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.; Patient presented to clinic with Pain, was in accident 2 years ago and Fractured T-9, this fracture has not healed and is causing severe pain!;	1
Unknown	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.; The patient is experiencing or	1
Unknown	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 trauma or acute injury within 72 hours.;	1
Unknown	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient is experiencing or presenting symptoms of 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.;	3
Unknown	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The study is being ordered due to 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.;	1
Unknown	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The patient does have a new foot drop. This is a request for a thoracic spine MRI.; There is evidence of tumor or metastasis on a bone scan or x-ray.;	1
Unknown	Approval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	The study is being ordered due to suspected tumor with or without metastasis.	1

Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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.; It is not known was medications were	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< 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.;	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	There is weakness.; Document exam findings; The patient does not have new signs or symptoms of	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	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.; 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	1

Unknown	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 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.;	1
Unknown	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	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	; This study is being ordered for trauma or injury.;; There has been treatment or conservative therapy; 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,	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Enter answer here - or Type  Patient suffers from lumbago with radiculopathy. The patients is experiencing increased pain and is in need of alternative pain management treatments. In order for those to be possible, the patient must have imaging for future and existing physicians to tr; 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 previous low back injury with Cauda Equina Syndrome and urinary incontinence; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST		1

Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Pt. is also to be evaluated to see if she would qualify for injection 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.; July 2009; There has been treatment or conservative therapy.; Pt. has numbness and tingling radiating from her neck into both her arms and shoulders, along with pain in her neck. Pt. is having numbness and tingling in both her scoliosis and back pain; This study is being ordered for Congenital Anomaly.;	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Unknown; There has been treatment or conservative therapy.; 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.;	
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.;	6
Unknown	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.;	1
Unknown	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.;	
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.;	
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The physician has directed conservative treatment for	9

Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Follow-up to Surgery or Fracture within the last 6 months; 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?;	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The study requested is a Lumbar Spine MRI.; Neurological deficits; The patient does have new or changing neurologic signs or symptoms.; The patient	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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	1
Unknown	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	29
Unknown	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 x-ray indicating a significant abnormality	6
Unknown	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)	18
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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 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?;	1

Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been X-ray from 7-14-17 showed chronic degenerative changes L5-S1.; 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.; 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 < Enter answer here - or Type In Unknown If No Info Given. >; 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.";	1
Unknown	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	"There are physical findings or abnormal blood work Patient complains of right lower quadrant abdominal pain. There is some radiation to the right lower leg. The onset of pain occurred with no apparent trigger. She characterizes it as sharp. It is of severe intensity. Nothing relieves the pain. Pelvic ultr; 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.";	1
Unknown	Approval	72192 CT PELVIS WITHOUT CONTRAST	"There are physical findings or abnormal blood work Patient complains of right lower quadrant abdominal pain. There is some radiation to the right lower leg. The onset of pain occurred with no apparent trigger. She characterizes it as sharp. It is of severe intensity. Nothing relieves the pain. Pelvic ultr; 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.";	1
Unknown	Approval	72192 CT PELVIS WITHOUT CONTRAST	"There are physical findings or abnormal blood work Patient complains of right lower quadrant abdominal pain. There is some radiation to the right lower leg. The onset of pain occurred with no apparent trigger. She characterizes it as sharp. It is of severe intensity. Nothing relieves the pain. Pelvic ultr; 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.";	1

Unknown	Approval	72192 CT PELVIS WITHOUT CONTRAST	Patient has had surgery and is now being seen for radiation therapy for her endometrium 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 being ordered Physician is needing access fracture in full detail to efficiently treat the patient. The patient has tried and failed multiple pain management forms, and is needing to be treated. Patient is suffering physically. In order for the patient to be treated to ; 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,	1
Unknown	Approval	72192 CT PELVIS WITHOUT CONTRAST	To rule out a right inguinal hernia.; It is not known if there is a known tumor.; This study is being ordered as pre-operative evaluation.; It is not known if the ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient.; There is NO known pelvic infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	72192 CT PELVIS WITHOUT CONTRAST	joint pain; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Unknown	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for pelvic trauma or injury.	1
Unknown	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic	5

Unknown	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.; Yes this is a request for a Diagnostic CT	3
Unknown	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 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
Unknown	Approval	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 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.	2
Unknown	Approval	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 not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue	1
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	; 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	1
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This	1

Unknown	Approval	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.";	1
Unknown	Approval	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.";	1
Unknown	Approval	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."; left shoulder bicipital pain despite	1
Unknown	Approval	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	1
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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	2
Unknown	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	21
Unknown	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	8

Unknown	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.; There are no documented findings of crepitus.; There are no documented findings of swelling.; The ordering physician is not an orthopedist.; < Enter answer here - or Type In Unknown If No Info Given. >; 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
Unknown	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 not completed and failed a course of conservative	1
Unknown	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	2
Unknown	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 not had recent plain films of the shoulder.; felt pop in right shoulder when lifting heavy object	
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	The requested study is a Shoulder MRI.; Study being ordered for pre-operative evaluation; This study is being ordered prior to arthroscopic surgery.;	1
Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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	2

Unknown	Approval	73221 MRI JOINT OF UPPER EXTREMITY	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	1
Unknown	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 completed 6 weeks	4
Unknown	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 not have an abnormal plain film study of the joint.; The	2
Unknown	Approval	73225 MRA, MRI ANGIOGRAPHY UPPER EXTREMITY WITH/WITHOUT CONTRAST		1
Unknown	Approval	73700 CT LEG OR LOWER EXTREMITY	; 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	1
Unknown	Approval	73700 CT LEG OR LOWER EXTREMITY	None; 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	1

Unknown	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 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.; "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 been treated with and failed a course of supervised physical therapy.; The patient has not been treated with anti-inflammatory	2
Unknown	Approval	73700 CT LEG OR LOWER EXTREMITY	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 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 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	1
Unknown	Approval	73700 CT LEG OR LOWER EXTREMITY		1
Unknown	Approval	73700 CT LEG OR LOWER EXTREMITY	XR, KNEE	
Unknown	Approval	73706 CT ANGIOGRAPHY LOWER	Yes, this is a request for CT Angiography of the lower extremity.	1

Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for trauma or injury.; 5/25/2017; There has been treatment or conservative therapy.; mbr has swollen knees and uses a cane there is pain and limited range of motion; ; This is a request for a Knee MRI.; It is not known if patient had a recent ultrasound of the knee.; The patient had recent plain films of the knee.; There are no physical findings (palpabel 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 plain	2
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Ankle injury; This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is a suspicion of tendon or ligament injury.	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	BI-Lateral Knee Pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	having more right knee pain over the last few weeks, worse when patient steps off step, or feels it grinding when she moves it back and forth, also added pressure when patient goes from a sitting position to a standing position; This is a request for a Knee MRI.; The study is requested for knee pain.; The pain is described as	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Left ankle edema; This is a request for an Ankle MRI.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; The study is requested for ankle pain.; There is	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Left knee pain following motor vehicle accident spring 2017 consistent with internal derangement, suspect medial meniscal 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,	1

Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	MRI right foot to rule out occult fracture versus tendon injury. Patient had an injury on 7/21/2017, she was seen at Northwest Health Physicians specialty hospital where she had an x-ray and was put into a boot. The x-rays were reviewed in our clinic show; The patient has not had a recent bone scan.; This is a request for a foot MRI.; The study is being ordered for Patient c/o knee pain x 1 month. Mild effusion present, positive McMurrays and not able to fully extend leg; 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 Patient has had foot pain for 2 years along with swelling and numbness, has tried oral medications and compounded creams with no improvement. X-ray report shows partial tear of the distal Achilles Tendon and recommended an MRI.; This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient patient has knee pain; 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 is a 45-year-old male who presents for evaluation of left knee pain and swelling that began acutely following an injury at work yesterday. He states he was carrying a 100 lb object when he tripped and fell. He states it felt like his knee "twist; 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	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		1

Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Right knee pain and effusion concerning for meniscal tear with an entrapped fragment.Standing 4 views of the right knee and 3 comparison views of the left knee were obtained today and personally reviewed. Normal alignment. No evidence of joint space narro; 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 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.	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	2
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT		1

Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>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.</p>	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	<p>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.</p>	1

Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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 been treated with and failed a course of supervised physical therapy.; The patient has a documented limitation of their range of motion.	2
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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.	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a foot 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 crutches for at least 6 weeks.	2
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Instability	2
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	1
Unknown	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	15

Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Limited range of motion	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	This is a request for a Knee MRI.; The ordering physician is not an orthopedist.; Non-acute Chronic Pain; Swelling greater than 3 days	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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,	1
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	5
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	3
Unknown	Approval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	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	1
Unknown	Approval	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 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	1

Unknown	Approval	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 not an orthopedist.; Suspected meniscus, tendon, or ligament injury; Yes,	2
Unknown	Approval	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 not normal.; The ordering physician is an orthopedist.; Non-	3
Unknown	Approval	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 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	1
Unknown	Approval	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	9
Unknown	Approval	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 not completed 6 weeks of physical therapy?; The patient	1
Unknown	Approval	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	2
Unknown	Approval	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 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	1

Unknown	Approval	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 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	1
Unknown	Approval	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	1
Unknown	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 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 not been treated with anti-inflammatory < Enter answer here - or Type In Unknown If No Info Given. >; This is a requests for a hip 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 determinjed by x-ray.; It is not known if there is a suspicion of tendon or ligament injury.; The	1
Unknown	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT		1
Unknown	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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.	3

Unknown	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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	1
Unknown	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 steriod therapy (Prednisone or Cortisone).; The patient had an abnormal plain film study of the hip	1
Unknown	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 steriod therapy (Prednisone or Cortisone).; The	1
Unknown	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 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

Unknown	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	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 had an abnormal plain film study of the hip	1
Unknown	Approval	73721 MRI JOINT OF LOWER EXTREMITY, HIP OR KNEE OR ANKLE OR FOOT JOINT	X-rays of bilateral hips: 	
Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST		1
Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	< 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, 	
Unknown	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 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

Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	INCREASED SIGNS AND 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 Patient was in the ER and CT of AB And Pelvis without contrast was done that show indeterminate lesion /mass at the posterior hepatic lobe of the liver. Recommended to follow-up with CT AB /liver with contrast to better characterize the area.; 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,	1
Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	patient brings in a report of CT of the spine with incidental finding of 2.1 cm low-density mass on the right adrenal gland. her CT scan was performed on May 2 2017 at Texarkana emergency center and she was referred to a surgeon at that time but did not ; 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	1
Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Pt. had Lap Cholecystectomy on 08/17/2017. Continue to have abdominal pain and also complains of chest pain. Checking for pulmonary embolus.; One of the studies being ordered is a Breast MRI, CT	1

Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	Right upper quadrant pain. Nausea, GERD,Bloating. Gallbladder ultrasound was unable to visualize the gallbladder. Suggest by radiologist for further studies, CT or hepatobiliary scan if symptoms persist.; This is a request for an Abdomen CT.; This study is being	
Unknown	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	1
Unknown	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 a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is	1
Unknown	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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	1
Unknown	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	1
Unknown	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	1

Unknown	Approval	74150 CT ABDOMEN 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been established.; Follow up treatment for cancer; Imaging studies have not been performed on the member in the past 3 months.	1
Unknown	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON	This is a request for CT Angiography of the Abdomen and Pelvis.	1
Unknown	Approval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCON TRAST	Yes, this is a request for CT Angiography of the abdomen.	2
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1

Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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 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	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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 NOT performed.; Yes this is a request for a Diagnostic CT	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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 ; 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	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

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 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.;	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	There are 2 exams are being ordered.; One of the studies being ordered is a Breast MRI, CT Colonoscopy, ; This study is being ordered for a metastatic disease.;	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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 ; This study is being ordered for a metastatic disease.;	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been 43 year old black female s/p Laparoscopic incarcerated incisional hernia with reduction repair with 15 x 10 cm mosaic mesh on 02/20/17. Patient called stating she would like to be seen in the office again as she thought she may feel a bulge close to her b; 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	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Crystal Moore is a 37 year old female with history of endometriosis s/p ovarian endometrioma resection and left ovarian cyst removal in Jan 2017, admitted	1

Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Decreased 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 performed.; The difficulty urinating, feelings of urgency, incomplete emptying, and pain in the flank;; This is a 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	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Enter answer here - or Type In Unknown Pain is moderate, everyday, aggravated by lifting and pulling and the area is tender; This is a 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	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Pt has DVT; This is a 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
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	PT PSA IS RISING AGAIN. PSA=1.9 ON 7/24/17  R/O RENAL 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 chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The	1

Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	restaging of known Mycosis fungoides involving lymph nodes of axilla; This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast 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	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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 planned for within 30 days.; This study is not being requested for	5
Unknown	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 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	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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-	3

Unknown	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 requested by a surgeon, specialist or PCP on behalf of a specialist who has seen	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	13
Unknown	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 Hematuria.; Other; Yes this is a request for a	4
Unknown	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 Lymphadenopathy.; Other; Yes this is a request for a	1
Unknown	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	1
Unknown	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; Requesting CT for comparsion to the CT done in 2011. Pt is having left	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	24
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is neither a known nor a strong suspicion of kidney or ureteral stones.; This patient is experiencing hematuria.; Kidney/Ureteral stone; Yes	1

Unknown	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 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.; It is not known if 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-	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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, 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 been a recent (within the last 3 months) Abdomen and/or Pelvis CT.; This would not be a repeat of a CT of the abdomen and or pelvis within 6 weeks.; This patient does NOT have known prostate cancer with a PSA	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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, 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 been a recent (within the last 3 months) Abdomen and/or Pelvis CT.; This would not be a repeat of a CT of the abdomen and or pelvis within 6 weeks.; This patient does NOT have known prostate cancer with a PSA	2
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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 been a recent (within the last 3 months) Abdomen and/or Pelvis CT.; This would not be a repeat of a CT of the abdomen and or pelvis within 6 weeks.; This patient does NOT have known prostate cancer with a PSA	1

Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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)</p> <p>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.;</p>	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a 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</p> <p>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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been</p>	1
Unknown	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been</p>	1

Unknown	Approval	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 is undergoing active treatment for cancer.; "The ordering physician is an	1
Unknown	Approval	74181 MRI ABDOMEN	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; 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."; PELVIC AND ABD PAIN,BLOATING.DYSURIA,CHRONIC FATIGUE,CRAMPING,IRREGULAR MENSES,R/O	2
Unknown	Approval	74181 MRI ABDOMEN	ENDOMETRIAL HYPERPLASIA,STRUCTURAL 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 not had an abdominal ultrasound, CT, or MR study."; Patient	1
Unknown	Approval	74181 MRI ABDOMEN	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	1
Unknown	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,	1

Unknown	Approval	74181 MRI ABDOMEN 75557 Cardiac 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.; request is forevaluation of the liver	1
Unknown	Approval	Morph & structure w/o 75635 CTA AA&BI	This is a request for a heart or cardiac MRI	1
Unknown	Approval	ILIOFEM LXTR RS&I C- /C+ POST-PXESSING 77058 MRI	Yes, this is a request for CT Angiography of the abdominal arteries. ; This is a request for Breast MRI.; This study is being ordered for a suspected implant rupture.; It is not known if this study being ordered to evaluate a suspected silicone implant rupture.	2
Unknown	Approval	breast,without and/or with contrast material(s);unilateral 77058 MRI	Patient is newly diagnosed with breast cancer. Breast MRI is requested for further evaluation.; 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	1
Unknown	Approval	breast,without and/or with contrast material(s);unilateral 77058 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 benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at	1
Unknown	Approval	breast,without and/or with contrast material(s);unilateral 77058 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 is a pattern of breast cancer history in at least two first-degree relatives	3
Unknown	Approval	breast,without and/or with contrast material(s);unilateral 77058 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.; Yes, the results of this MRI (size and	1

Unknown	Approval	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 history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast. 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been	2
Unknown	Approval	77084 Magnetic resonance imaging, bone marrow blood supply	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.;	1
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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	1
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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	1
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.;	3
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		1

Unknown	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 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 female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Unknown	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 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's age is between 45 and 64.; The patient has not had a stress echocardiogram within the past eight weeks.;	1
Unknown	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 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.	2

Unknown	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 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.	1
Unknown	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 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.	3

Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>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's age is between 45 and 64.; 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.</p>	2
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>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</p>	4
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	<p>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's age is between 45 and 64.; The patient has not had a stress</p>	1

Unknown	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 female.; This is NOT a Medicare member.; The patient's age is between 45 and 64 years old.	1
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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 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	2
Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		1

Unknown	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been confirmed.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been confirmed.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been confirmed.	1
Unknown	Approval	78472 CARDIAC OR HEART BLOOD POOL IMAGING	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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been confirmed.; 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 physician is a hematologist/ oncologist.; The diagnosis of cancer or tumor has been confirmed.	1
Unknown	Approval	78813 PET IMAGING WHOLE BODY	This study is being ordered for a metastatic disease.; There are 3 exams are being ordered.; One of the studies being ordered is a Breast MRI.; 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 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 been performed.; 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 more.	1
Unknown	Approval	78813 PET IMAGING WHOLE BODY	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 been performed.; 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 more.	1
Unknown	Approval	78813 PET IMAGING WHOLE BODY	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 more.	1
Unknown	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 Lung Cancer.; This is NOT a	1

Unknown	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	2
Unknown	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	1
Unknown	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 Breast Cancer.; This is for	1
Unknown	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	1
Unknown	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 Head/Neck Cancer.; The patient does NOT have Thyroid or Brain cancer.; This would be	1
Unknown	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 Lymphoma or Myeloma.; This would be the first PET Scan performed on this patient	1

Unknown	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 subsequent treatment.; This study is being requested for Breast Cancer.; The patient is experiencing new signs or symptoms indicating a reoccurrence of cancer.; More than 4 PET Scans have	1
Unknown	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 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	2
Unknown	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 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	1
Unknown	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 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	1
Unknown	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 subsequent treatment.; This study is being requested for Lymphoma or Myeloma.; The patient completed a course of treatment initiated within the last 8 weeks.; This would be the first PET	1
Unknown	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	2

Unknown	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.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	1
Unknown	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.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is being	1
Unknown	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 cardiac arrhythmias; This study is being requested for the initial evaluation	2
Unknown	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 Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for	1
Unknown	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 Evaluation of Cardiac Murmur.; This request is for initial evaluation of a	1
Unknown	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 Evaluation of Cardiac	1

Unknown	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 Evaluation of Congenital	1
Unknown	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 Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a	1
Unknown	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 Evaluation of Left Ventricular Function.; The patient does not have a history of a	4
Unknown	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 Evaluation of Left Ventricular Function.; The patient has a history of hypertensive	1
Unknown	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 Evaluation of Pulmonary	3
Unknown	Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for diagnosis and	1
Unknown	Approval	93312 TEE R-T IMG 2D W/PRB IMG ACQUISJ I&R	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	1
Unknown	Approval	93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS	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	1

Unknown	Approval	93350 ECHO TTHRC R-T 2D -+M-MODE COMPLETE REST&STRS		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 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 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	11
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	2
Unknown	Approval	G0297 Low dose CT scan (LDCT) for lung cancer screening		< Enter answer here - or Type In Unknown If No Info Given. >; This is a request for MRCP.; There is no	1
Unknown	Approval	S8037 mrcp		< 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	1
Unknown	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	In Unknown If No Info Given >; It is not known if Patient presents today with sudden severe violent headache with nausea/vomiting, vision disturbances and disorientation with no effective treatment to rid the headache.; This is a request for a brain/head CT.;	1
Unknown	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	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	1

Unknown	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Patient to be evaluated for headache. Onset was approximately 2 months ago. The pain is diffuse with no specific location. It does not radiate. She has had prior headaches similar to this one. Typical headache frequency is nearly every day. The dura; This is a request for a brain/head CT.; The study is being see attached; 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 will obtain Pet scan since last imaging was 3 months ago , upon results will make a decision if positive SUV	1
Unknown	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	 .Nonintractable headache, unspecified chronicity pattern, unspecified headache type. Neck pain. Pressure and pain of left side of face. Currently taking Medrol dose pak.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is patient had facial reconstructive surgery 8 months ago for severe head trauma. he has worst headache of life and possible severe sinus infection; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT,	1
Unknown	Disapproval	70450 CT BRAIN, HEAD	Radiology Services Denied Not Medically Necessary	Pt complaining of eye pain, facial pain, fatigue, nausea, sinus pressure.; This study is being ordered for sinusitis.; This is a request for a Sinus CT.; The patient is immune-compromised.; Yes this is a request for a 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	1
Unknown	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary		1
Unknown	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary		1
Unknown	Disapproval	70486 CT SINUS, FACE,JAW,MANDIBLE,M AXILLOFACIAL NO CONTRAST	Radiology Services Denied Not Medically Necessary		1
Unknown	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROI D ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary		1

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 suspicion of or known tumor, metastasis, lymphadenopathy, or mass.; Yes this is a request for a will obtain Pet scan since last imaging was 3 months ago , upon results will make a decision if positive SUV	1
Unknown	Disapproval	70490 CT NECK SOFT TISSUES,LARNYX,THYROID ETC. NO CONTRAST	Radiology Services Denied Not Medically Necessary		
Unknown	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.	1
Unknown	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	Radiology Services Denied Not Medically Necessary	mri:face, mri:pelvis, mri:chest; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary	< 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 < 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 >; It is not known if	1
Unknown	Disapproval	70544 Mr angiography head w/o dye	Radiology Services Denied Not Medically Necessary		1
Unknown	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 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.	1

Unknown	Disapproval	70547 Mr angiography neck w/o dye	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. >; It is not known if < 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. >; It is not known if	1
Unknown	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	In Unknown If No Info Given >; It is not known if	1
Unknown	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 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
Unknown	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 patient has a sudden change in mental status.; It is ; 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.	1
Unknown	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	2. syncope 	

Unknown	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient complains of sudden onset of severe posterior headache causing photosensitivity and vomiting lasting an entire 24 hours. Patient has tried and failed multiple migraine RX meds without relief.; This request is for a Brain MRI; The study is being requested for evaluation	1
Unknown	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is experiencing dizziness with bouts of near syncope.; 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	1
Unknown	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient with daily headaches for 6 months. She has the headaches daily . She denies any history of migraine. Denies neck trauma. Headache located on both side in a type of banding pattern. Nothing makes it worse. Denis vision change . Laying in a d; This request is for a Brain MRI; The study is being requested this pt states that he has been having a hard time trying to pick up a coffee cup or even doing his daily adls; This study is being ordered for a neurological disorder.; pt states that this has been going on for a while now but it has gotten worse over the last week or so around the 17th the pain has gotten worse; There	1
Unknown	Disapproval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	has been treatment or conservative therapy.; decreased rom, decreased grips in his hand, numbness and tingling in his fingers and hand and a burning "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	1
Unknown	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	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 does NOT have a 30 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer	1
Unknown	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary		1

Unknown	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	It is not known if there is 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 Patient has been seen several times recently in clinic with cough, chest tightness, shortness of breath and wheezing.; 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.;	1
Unknown	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	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 PT HAVING A CT CHEST TO to evaluate lymph node stations and lung parenchyma. Based on the results, he will likely require bronchoscopy and EBUS - TBNA for	1
Unknown	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	will obtain Pet scan since last imaging was 3 months ago , upon results will make a decision if positive SUV	
Unknown	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	 mri:face, mri:pelvis, mri:chest; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	scoliosis and back pain; This study is being ordered for Congenital Anomaly.; Unknown; There has been treatment or conservative therapy.;	
Unknown	Disapproval	71550 MRI CHEST	Radiology Services Denied Not Medically Necessary	Back pain will obtain Pet scan since last imaging was 3 months ago , upon results will make a decision if positive SUV	
Unknown	Disapproval	72125 CT CERVICAL SPINE, NECK SPINE NO CONTRAST	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.; 8/31/2017; There has been treatment or conservative therapy.; can't walk; physical therapy;	
Unknown	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	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 ; 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 abnormal x-ray; This study is being ordered for trauma or injury.; 6/5/20117; There has not been any treatment or conservative therapy.; low back Pain	1
Unknown	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	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.; 8/31/2017; There has been treatment or conservative therapy.; can't walk; physical therapy;	
Unknown	Disapproval	72128 CT THORACIC SPINE, UPPER BACK NO CONTRAST	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 abnormal x-ray; This study is being ordered for trauma or injury.; 6/5/20117; There has not been any treatment or conservative therapy.; low back Pain	1
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 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	1
Unknown	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary		
Unknown	Disapproval	72131 CT LUMBAR SPINE, LOW BACK	Radiology Services Denied Not Medically Necessary		2

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 has a history of severe low back trauma or lumbar injury.; 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 cervical spine MRI; Acute or Chronic neck and/or back pain; The patient	2
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	does have new or changing neurologic signs or symptoms.; There is no weakness or reflex abnormality.; The patient does not have new signs or < 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 >; It is not known if ; 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 ; 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 ; 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.; Loss of sensation to pinprick on R arm to mid forearm, L arm to bicep. Legs up to knees b/l. Slow and cautious gait with no ataxia, though she uses a cane for support and balance occasionally; The patient	1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		2
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Unknown	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.; weakness in upper and lower 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
Unknown	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 not been any treatment or conservative therapy.;	1
Unknown	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.; ; 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	1
Unknown	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.; ; There has been treatment or conservative therapy.;	3
Unknown	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.; ; There has been treatment or conservative therapy.; Describe treatment / conservative therapy here - or Type In Unknown If No Info Given 	

Unknown	Disapproval	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; 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.;	1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	M54.9 Dorsalgia, unspecified 	
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient has upper and lower back pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	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.;	
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	No, this patient did not have a recent course of 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.;	1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient does have new signs or symptoms of bladder or	1

Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>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.</p> <p>this pt states that he has been having a hard time trying to pick up a coffee cup or even doing his daily adls; This study is being ordered for a neurological disorder.; pt states that this has been going on for a while now but it has gotten worse over the last week or so around the 17th the pain has gotten worse; There has been treatment or conservative therapy.;</p>	1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>decreased rom, decreased grips in his hand, numbness and tingling in his fingers and hand and a burning 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</p> <p>&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.;</p>	1
Unknown	Disapproval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>It is not known if there has been</p> <p>&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.;</p>	1
Unknown	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>&lt; Enter date of initial onset here - or Type In Unknown If No Info Given &gt;; It is not known if</p>	1

Unknown	Disapproval	72146 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.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more than once for these symptoms.;	1
Unknown	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.;	1
Unknown	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 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	1
Unknown	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	degenerative disease.; Patient presented at our clinic for back pain, parasthesia left thigh and left leg weakness, X-ray performed showed T9 fracture; The	1
Unknown	Disapproval	72146 MRI THORACIC SPINE CHEST SPINE UPPER BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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	1
Unknown	Disapproval	72146 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 have new or changing neurologic signs or symptoms.; The patient does have new signs or symptoms of bladder or bowel	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< 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 weakness.; tenderness in joints; It is not known if the patient has new signs or symptoms of bladder or bowel dysfunction.; It is not known if the	1

Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The < 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 >; It is not known if ; 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 ; 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 ; 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 and	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	In Unknown If No Info Given >; It is not known if ; 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 ; 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 ; 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 and	2
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Musculoskeletal: Positive for back pain and	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Musculoskeletal: Positive for back pain and	2
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; There is weakness.; Musculoskeletal: Positive for back pain and	2

Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; 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.; 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</p> <p>; 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.; It is not known if the patient has completed 6 weeks or more of Chiropractic care.;</p>	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of the above</p>	2
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;</p>	3
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	<p>; This study is being ordered for a neurological disorder.; ; There has not been any treatment or conservative therapy.;</p>	1

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.; 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	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; ;	3
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	; This study is being ordered for trauma or injury.; ; There has been treatment or conservative therapy.; Describe treatment / conservative therapy here - or	
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Chronic back pain radiating into left leg for over 20 years. MRI 2005 showed degenerative disc disease.; The study requested is a Lumbar Spine MRI.; The	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If No Info Given	
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Lumbar back pain; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has none of the above Lumbar 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.;	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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?;	
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has been treated with medication.; The patient was treated with oral analgesics.; It is not	1

Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	M54.9 Dorsalgia, unspecified  male presents with back pain x 10 days. Never went to PT or had his MRI d/t pain improving. Pain has been intermittent x "years". Has seen pain management in the past. Pain is located in the left lower lumbar region and radiates down his entire leg to his; The study requested is a Lumbar Spine MRI.; The patient has MRI lumbar spine is being requested to further evaluate the patient's persistent pain and symptoms. Findings from this study will be incorporated, in conjunction with objective findings, into the decision process in formulating a treatment plan for this 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 na; 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.; 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	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	M54.9 Dorsalgia, unspecified  male presents with back pain x 10 days. Never went to PT or had his MRI d/t pain improving. Pain has been intermittent x "years". Has seen pain management in the past. Pain is located in the left lower lumbar region and radiates down his entire leg to his; The study requested is a Lumbar Spine MRI.; The patient has MRI lumbar spine is being requested to further evaluate the patient's persistent pain and symptoms. Findings from this study will be incorporated, in conjunction with objective findings, into the decision process in formulating a treatment plan for this 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 na; 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.; 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	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	M54.9 Dorsalgia, unspecified  male presents with back pain x 10 days. Never went to PT or had his MRI d/t pain improving. Pain has been intermittent x "years". Has seen pain management in the past. Pain is located in the left lower lumbar region and radiates down his entire leg to his; The study requested is a Lumbar Spine MRI.; The patient has MRI lumbar spine is being requested to further evaluate the patient's persistent pain and symptoms. Findings from this study will be incorporated, in conjunction with objective findings, into the decision process in formulating a treatment plan for this 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 na; 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.; 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	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	M54.9 Dorsalgia, unspecified  male presents with back pain x 10 days. Never went to PT or had his MRI d/t pain improving. Pain has been intermittent x "years". Has seen pain management in the past. Pain is located in the left lower lumbar region and radiates down his entire leg to his; The study requested is a Lumbar Spine MRI.; The patient has MRI lumbar spine is being requested to further evaluate the patient's persistent pain and symptoms. Findings from this study will be incorporated, in conjunction with objective findings, into the decision process in formulating a treatment plan for this 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 na; 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.; 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	1

Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	On the Lumbar Xray there is marked disc degeneration at L4-5. So we will need a better view to check to see if there is any other damage to her back area.; 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.; patient has ddd l-spine and paresthesia to both legs; 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 radicular symptoms down into the legs, and new symptoms of sciatic 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.; 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.; patient has upper and lower back pain; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	patient is having increasing pain and numbness in legs bilaterally. Xray results show mild degenerative changes. Physical therapy has not relieved symptoms.; 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 having increasing pain and numbness in legs bilaterally. Xray results show mild degenerative changes. Physical therapy has not relieved symptoms.; The patient does not have new	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Patient is having radicular leg pain.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; The patient has none of PATIENT IS SUFFERING FROM CHRONIC PAIN DUE TO LUMBAGO WITH RADICULOPATHY. THE PATIENT HAS TRIED AND FAILED PHYSICAL THERAPY ALONG WITH CHIROPRACTIC X3, WITH FAILED ORAL MEDICATION THERAPY GREATER THAN FOUR WEEKS. THE PATIENT IS UNABLE TO PERFORM GENERAL A; 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 patient reports history of lumbar spondylosis and had surgery in 2000. She reports chronic intermittent low back pain for years. the back pain is dull and does not move to 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.;	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these Patient states she is having low back pain that travels down into her legs and causes pain and numbness.;	1
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 Patient suffers from back pain that radiates down her right leg.; 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	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Primary reason is to see if the lesions extend into the neural foramina.; 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 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.; 06/13/2017; There has been treatment or conservative therapy.; Back Pain, Abdominal Pain, Acid Reflux, Vomiting without Nausea; physical therapy, PO medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, see attaching 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.; 06/13/2017; There has	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 06/13/2017; There has Symptoms strongly suggest serongative spondylarthropathy. But is needing diagnostic imaging to further assess in detail to maintain an effective treatment plan. Patient does tend to experience more pain with physical therapy if on wrong treatment plan.; This study is being ordered for Inflammatory/ Infectious Disease.; Patient has been dealing with this pain longer than the patient has been established within our facility. Patient has been experiencing this pain since the year of 2010.; There has been treatment	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		1

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; 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	1
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.; The patient has acute or chronic back pain.; The patient has 6 weeks of completed conservative care in the past 3 This is a new consult. The patient complains of pain at lower back and mid back. The patient has been experiencing this pain for 10 years. He reports onset of pain gradual. Reports frequency of his pain as constant with intermittent flare ups. He 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 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.; 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 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 mri:face, mri:pelvis, mri:chest; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT,	2
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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 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.; 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 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 mri:face, mri:pelvis, mri:chest; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT,	1
Unknown	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	mri:face, mri:pelvis, mri:chest; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT,	1
Unknown	Disapproval	72196 MRI PELVIS	Radiology Services Denied Not Medically Necessary	MRS, PET Scan, or Unlisted CT/MRI.	1

Unknown	Disapproval	72196 MRI PELVIS 72198 MRA , MRI PELVIS ANGIOGRAPHY WITH/WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	Symptoms strongly suggest serongative spondylarthropathy. But is needing diagnostic imaging to further assess in detail to maintain an effective treatment plan. Patient does tend to experience more pain with physical therapy if on wrong treatment plan.; This study is being ordered for Inflammatory/ Infectious Disease.; Patient has been dealing with this pain longer than the patient has been established within our facility. Patient has been experiencing this pain since the year of 2010.; There has been treatment	
Unknown	Disapproval		Radiology Services Denied Not Medically Necessary	This is a request for an Pelvis MR Angiography ONE LESION PRESENT AT BIRTH THAT HAS INCREASE AT SIZE WITH EXTENSION TO CHEST AND ARM AND IS PURPLE AT COLOR.FOR EVAL AND TREATMENT OPTIONS; This study is being ordered for Congenital Anomaly.; 04/17/2015 BIRTH; There has not been any treatment or conservative therapy.; ONE LESION PRESENT AT BIRTH THAT HAS INCREASE AT SIZE WITH EXTENSION TO CHEST AND ARM AND IS PURPLE AT COLOR.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or ; The requested study is a Shoulder MRI.; The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The request is for shoulder pain.; There is a suspicion of ; This study is being ordered for trauma or injury.; about 6 months ago; There has been treatment or conservative therapy.; limited ROM, pain with movement, feelings of instability while walking, patient cannot raise arms abouve shoulder with out pain...; The requested study is a Shoulder MRI.; The pain is not from a recent injury, old injury, chronic pain	1
Unknown	Disapproval	73220 MRI UPPER EXTREMITY , ENTIRE EXTREMITY, NOT A JOINT	Radiology Services Denied Not Medically Necessary		1
Unknown	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary		1
Unknown	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary		1
Unknown	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary		1

Unknown	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	patient has right shoulder internal derangement; 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 The requested study is a Shoulder MRI.; "The caller	1
Unknown	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	indicated the study was not ordered for: Known or Suspicious Mass or Tumor with or without metastasis, Known or suspected Joint Infection, Aseptic Necrosis, The requested study is a Shoulder MRI.; Study being	1
Unknown	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	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 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 experienced pain for greater than six weeks.; The patient has not been	1
Unknown	Disapproval	73221 MRI JOINT OF UPPER EXTREMITY	Radiology Services Denied Not Medically Necessary	Tingling in fingers and pain; This study is being ordered for a neurological disorder.; 08-23-16; There has been treatment or conservative therapy.; Location: Wrist,	1

Unknown	Disapproval	73225 MRA, MRI ANGIOGRAPHY UPPER EXTREMITY WITH/WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	ONE LESION PRESENT AT BIRTH THAT HAS INCREASE AT SIZE WITH EXTENSION TO CHEST AND ARM AND IS PURPLE AT COLOR.FOR EVAL AND TREATMENT OPTIONS; This study is being ordered for Congenital Anomaly.; 04/17/2015 BIRTH; There has not been any treatment or conservative therapy.; ONE LESION PRESENT AT BIRTH THAT HAS INCREASE AT SIZE WITH EXTENSION TO CHEST AND ARM AND IS PURPLE AT COLOR.; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or < Enter answer here - or Type In Unknown If No Info Given. >; 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 < 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 ; 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 ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; 08/05/2017; It is not known if there has been any ; This study is being ordered for trauma or injury.; about 6 months ago; There has been treatment or conservative therapy.; limited ROM, pain with movement, feelings of instability while walking,	1
Unknown	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular ; 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 ; This study is 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
Unknown	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	08/05/2017; It is not known if there has been any ; This study is being ordered for trauma or injury.; about 6 months ago; There has been treatment or conservative therapy.; limited ROM, pain with movement, feelings of instability while walking,	2
Unknown	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary		1
Unknown	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary		1

Unknown	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	Patient has diabetic foot ulcer possible chronic refractory osteomyelitis.; This is a request for a foot MRI.; A plain x-ray of the area has NOT been done.; The study is being ordered for foot pain.; The study is being ordered for known or suspected septic arthritis or patient has right knee pain for 3 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.; 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 This is a request for a Knee MRI.; The ordering physician is an orthopedist.; Suspected meniscus, tendon, or ligament injury	1
Unknown	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	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	1
Unknown	Disapproval	73720 MRI LEG OR LOWER EXTREMITY , OTHER THAN JOINT	Radiology Services Denied Not Medically Necessary	; 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.	1
Unknown	Disapproval	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.; ; There has been treatment or conservative therapy.; ; ABD PAIN, RUQ WITH FLANK PAIN, NAUSEATED AND CHILLS AT NIGHT, ONSET SUDDEN; This is a request for an Abdomen CT.; This study is being ordered for	1
Unknown	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		

Unknown	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	PATIENT COMPLAINING OF LEFT LOWER QUADRANT PAIN X 2-3 DAYS. HE HAS NOTICED SOME DARKER STOOLS BUT NO GROSS BLEEDING. HE HAS SOME NAUSEA AND VOMITING WITH FEVER BUT NO NIGHT SWEATS; This is a request for an Abdomen CT.; This	
Unknown	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1
Unknown	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Continued abd pain despite medications and gallbladder u/s; This is a 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 Patient presents to clinic complaining of RUQ/LUQ abdominal pain. There is a firm palpable mass in the upper abdomen.; 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	1
Unknown	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	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.; 06/13/2017; There has been treatment or conservative therapy.; Back Pain, Abdominal Pain, Acid Reflux, Vomiting without Nausea; physical therapy, PO medications; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy,	1
Unknown	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	see attaching 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.; 06/13/2017; There has	1

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; <Enter Additional 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	1
Unknown	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Other; Patient has a history of frequent UTI's and bladder pain, abdominal pain, will obtain Pet scan since last imaging was 3 months ago , upon results will make a decision if positive SUV	1
Unknown	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	 Patient is experiencing abdominal pain, which may be caused by trauma, or other unknown reasons. The patient has not had any imaging in regards to this issue, and needs to be evaluated for the most efficient treatment.; This request is for an Abdomen MRI.; This study is being ordered for follow-up trauma.; The ordering physician is not a gastroenterologist or surgeon.; There are no laboratory or physical evidence	1
Unknown	Disapproval	74181 MRI ABDOMEN 75635 CTA AA&BI	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	1
Unknown	Disapproval	ILIOFEM LXTR RS&I C- /C+ POST-PXESSING 77058 MRI	Denied Not Medically Necessary	; 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.	1
Unknown	Disapproval	breast,without and/or with contrast material(s);unilateral 77058 MRI	Radiology Services Denied Not Medically Necessary	Past history of pseudoangiomatous stromal hyperplasia (PASH); This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening	1
Unknown	Disapproval	breast,without and/or with contrast material(s);unilateral	Radiology Services Denied Not Medically Necessary		1

Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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 < Enter answer here - or Type In Unknown If No Info Given. >; The patient is not presenting with symptoms of atypical chest pain and/or shortness of breath.; The patient is at least 65 years old.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient does not have	1
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 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	1
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 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	1

Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	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.;	1
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	1. 2 WK F/U  Mr Goodwin is here for cardiac evaluation. He states that he has intermittent chest tightness but has sob a lot. He has a significant family history of heart disease. He states that he has had several episodes of syncope recently.; 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 pre-op eval, pt unable to walk for stress test due to back ,hip issues ,pre-op testing due to abnormal EKG,ELECTROCARDIOGRAM taken on 07/06/2017: Rate & Rhythm: Rate & Rhythm: normal sinus rhythm 63rate, old anteroseptal infarct noted;; 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.; The patient has not had a recent stress echocardiogram.; The patient has suspected CAD.; The patient's age is	1
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		1
Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary		1

Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study	Radiology Services Denied Not Medically Necessary	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 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	1
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 study is requested for known or suspected valve disorders.	1
Unknown	Disapproval	78813 PET IMAGING WHOLE BODY	Radiology Services Denied Not Medically Necessary	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.; 1 PET Scans has already been performed on this patient for this cancer.; This is NOT a Medicare member.	1
Unknown	Disapproval	78813 PET IMAGING WHOLE BODY	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	1
Unknown	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; It is unknown why the study is being ordered.; This study is being requested for Ovarian or Esophageal Cancer.;	1
Unknown	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 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	1

Unknown	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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
Unknown	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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	1
Unknown	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	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 Evaluation of Heart Failure;	1
Unknown	Disapproval	93307 TTHRC R-T IMG 2D +-M-MODE REC COMPL	Radiology Services Denied Not Medically Necessary	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 < Enter answer here - or Type In Unknown If No Info Given. >; This is a request for a Stress Echocardiogram.; It is unknown if the patient had	3
Unknown	Disapproval	93350 ECHO TTHRC R-T 2D +-M-MODE COMPLETE REST&STRS	Radiology Services Denied Not Medically Necessary	cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the abnormal lab 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.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood	1
Urology	Approval	70551 MRI HEAD, BRAIN, BRAINSTEM WITHOUT CONTRAST			1

Urology	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 completed.; The lab results were abnormal; The patient is experiencing dizziness.	2
Urology	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 a "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 "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 ; 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,	1
Urology	Approval	71250 CT CHEST, THORAX		1
Urology	Approval	71250 CT CHEST, THORAX		4
Urology	Approval	71250 CT CHEST, THORAX		1

Urology	Approval	71250 CT CHEST, THORAX	; 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	2
Urology	Approval	71250 CT CHEST, THORAX	; 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	1
Urology	Approval	71250 CT CHEST, THORAX	6MM PULOMONARY NODULE; 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	1
Urology	Approval	71250 CT CHEST, THORAX	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this is a request Checking for mets due to prostate cancer; A	3
Urology	Approval	71250 CT CHEST, THORAX	Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being	1
Urology	Approval	71250 CT CHEST, THORAX	KIDNEY CANCER; 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	1
Urology	Approval	71250 CT CHEST, THORAX	LUNG 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	1
Urology	Approval	71250 CT CHEST, THORAX	New diagnosis of prostate cancer. PSA 75.8, Gleason score 8. Scan is being done for initial staging; This study is being ordered for a metastatic disease.; There are 2 exams are being ordered.; One of the studies being	1
Urology	Approval	71250 CT CHEST, THORAX	ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The ordering MDs	1

Urology	Approval	71250 CT CHEST, THORAX	Patient has a hx of left renal adenocarcinoma. Underwent left nephrectomy on 3/31/2015. Scans are being done 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 PENILE CANCER; 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	1
Urology	Approval	71250 CT CHEST, THORAX		1
Urology	Approval	71250 CT CHEST, THORAX	PROSTATE CANCER; 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 PROSTATE CANCER; 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	1
Urology	Approval	71250 CT CHEST, THORAX		2
Urology	Approval	71250 CT CHEST, THORAX	Pt has a history of renal cell cancer diagnosed on renal cell carcinoma follow up and lung nodule found on previous ct that needs 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	1
Urology	Approval	71250 CT CHEST, THORAX	The patient has a history of renal cancer. He underwent a partial left nephrectomy on 4/27/16. He also had a right 10th rib fracture on previous imaging; 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	1

Urology	Approval	71250 CT CHEST, THORAX	The patient was diagnosed with renal cancer and underwent open right nephrectomy and retroperitoneal lymphadenectomy on 4/6/17. Scans are being 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, This is a request for a lumbar spine CT.; The patient does not have a history of severe low back trauma or lumbar injury.;	1
Urology	Approval	72131 CT LUMBAR SPINE, LOW BACK	This is a preoperative or recent post- 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.;	1
Urology	Approval	72141 MRI CERVICAL SPINE OR NECK SPINE WITHOUT CONTRAST	No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.;	1
Urology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	No, the patient is not experiencing or presenting new symptoms of Bowel or bladder dysfunction.;	1
Urology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The patient has been diagnosed with prostate cancer. He had a CT scan of the abdomen and pelvis and a whole body bone scan for staging. Abnormal areas of possible metastatic disease were noted in the lumbar spine and pelvis. Radiologist recommended MRI to; This study is being ordered for a metastatic disease.;	1
Urology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	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 The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.;	1
Urology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	This procedure is being requested for Neurologic deficits	1
Urology	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.;	1
Urology	Approval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	The patient has an Abnormal nerve study involving the lumbar spine	1

Urology	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 x-ray indicating a significant abnormality	1
Urology	Approval	72192 CT PELVIS WITHOUT CONTRAST		1
Urology	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; The hematuria is not painful.; This study is being ordered due to hematuria.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	2
Urology	Approval	72192 CT PELVIS WITHOUT CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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 being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1

Urology	Approval	72192 CT PELVIS WITHOUT CONTRAST	; The patient is not 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."; The patient has had 3 or fewer pelvis CTs.; This study is not being ordered for initial staging.; It is not known whether 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	1
Urology	Approval	72192 CT PELVIS WITHOUT CONTRAST	; 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	1
Urology	Approval	72192 CT PELVIS WITHOUT CONTRAST	Had some nonspecific lower abd discomfort and low back pain in Oct. CT showed no abnl to explain her sx. A 6mm calcification was seen near the dome of the bladder. Radiologist could not be sure if this was in or outside the bladder. Cystoscopy was rec; 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	1
Urology	Approval	72192 CT PELVIS WITHOUT CONTRAST	Kidney stones; 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	1

Urology	Approval	72192 CT PELVIS WITHOUT CONTRAST	Patient has a kidney stone and we need to see if patient passed kidney stone before we take the patient to surgery.; This study is being ordered for some other reason than the choices given.; This is a request for a The patient has a distal right ureteral stone that was found on a CT scan. Pt is not sure if he has passed it and scan is being done to see if surgical intervention is needed; The patient has painful hematuria.; The patient has not had an IVP.; This study is being ordered	1
Urology	Approval	72192 CT PELVIS WITHOUT CONTRAST		1
Urology	Approval	72192 CT PELVIS WITHOUT CONTRAST	VESICOVAGINAL FISTULA AND HEMATURIA; 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	1
Urology	Approval	72196 MRI PELVIS		1
Urology	Approval	72196 MRI PELVIS	< 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.; A Week ago; There has not been any treatment or conservative therapy.; Right leg pain, right lower quadrant pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, ; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted ; 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 elevated PSA lower urinary tract issues; This is a request for a Pelvis MRI.; The request is not for any of Elevated PSA; 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	1
Urology	Approval	72196 MRI PELVIS		1
Urology	Approval	72196 MRI PELVIS		1
Urology	Approval	72196 MRI PELVIS		1
Urology	Approval	72196 MRI PELVIS		1
Urology	Approval	72196 MRI PELVIS		1

Urology	Approval	72196 MRI PELVIS	physician suspects urinary diverticulum; This is a request for a Pelvis MRI.; It is unknown if the patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of Pt has elevated PSA level. Pt has kidney stones, BPH and flank pain; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	1
Urology	Approval	72196 MRI PELVIS	The patient has been diagnosed with prostate cancer. He had a CT scan of the abdomen and pelvis and a whole body bone scan for staging. Abnormal areas of possible metastatic disease were noted in the lumbar spine and pelvis. Radiologist recommended MRI 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	1
Urology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of pelvic inflammatory disease or abscess.	3
Urology	Approval	72196 MRI PELVIS	This is a request for a Pelvis MRI.; The request is for suspicion of tumor, mass, neoplasm, or metastatic unknown; This is a request for a Pelvis MRI.; The request is not for any of the listed indications.	49
Urology	Approval	72196 MRI PELVIS		1
Urology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	HYDRONEPHROSIS; This is a request for an Abdomen CT.; This study is being ordered for another reason 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	13
Urology	Approval	74150 CT ABDOMEN WITHOUT CONTRAST	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	2
Urology	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 a suspicious mass found using ultrasound, IVP, Endoscopy, colonoscopy, or sigmoidoscopy.; Yes this is	1

Urology	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	2
Urology	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 no	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	There are no new lab results or other imaging studies including	11
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< Enter answer here - or Type In Unknown If No Info Given. >; 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	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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.; 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	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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 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	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	< 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 ; 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	1
Urology	Approval	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	1

Urology	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 not	1
Urology	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 female.; A pelvic exam was	1
Urology	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.; A rectal exam was	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	; 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,	1
Urology	Approval	74176 CT ABD & PELVIS W/O 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	2
Urology	Approval	74176 CT ABD & PELVIS W/O 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	1

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	59 y.o. male male s/p right nephrectomy for T1b G2 RCC of the right kidney on 03/09/2016 and S/p RARP+BPLND for T2b NO, GS 6 prostate cancer. Mild incontinence. SHIM: 1. IPSS: 9/Mixed; 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 CVA tenderness on left. post-surgical complication; 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	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	GRADE 4 LEFT RENAL INJURY WITH POSSIBLE AVASCULARIZATION OF THE UPPER POLE OF THE LEFT	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Has had several episodes of painless hematuria since April. No assoc flank or abd pain, no dysuria, frequency urgency. Has not smoked in 35 years. Recent PSA was 0.4. CT abd/pelvis wo/w contrast and RTC for cystoscopy and exam; 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 Hematuria w/Hx of 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	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Here to evaluate for left ureteral mass s/p TURBT bladder tumors (Urothelial cancer grade 2 of 3 and non-invasive) in April of 2017, ureteral biopsy was inconclusive, this was done in Carlisle, Pa. Where patient was working at the time and here to establish; 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.; 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.;	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Kidney stones and possible kidney mass; 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 KIDNEY STONES, 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	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	Known kidney stone KNOWN 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	1

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	n/a; 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 New diagnosis of prostate cancer. PSA 75.8, Gleason score 8. Scan is being done for initial 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 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 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 on 07/24/17 pt seen in clinic for 3 month f/up because of swelling and tenderness of the scrotum consistent with epididymitis on the left. Swelling is the same. Pain and tenderness are the same. The discomfort worsens with sex/ejaculation. Pt dribbles mos; 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	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>PT HAS A KIDNEY STONE OR URETERAL STONE ON THE LEFT SIDE; 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</p> <p>Pt has grade 3 left varicocele & testis pain. Varicocele only partially reduces with lying down. Recommend CT abd/pelvis to rule out retroperitoneal mass. Discussed observation, internal spermatic vein embolization, and varicocelectomy. Discussed possible ; 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</p>	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>Pt has reoccurring prostate cancer.; 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</p>	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>r31.29, n23; 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</p>	1

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	RECURRENT UTI; 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
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	renal cell carcinoma follow up and lung nodule found on previous ct that needs 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 right ureteral injury, had surgery,; 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 not the first visit for this complaint.; There has not been a physical The patient has a history of renal cancer. He underwent a partial left nephrectomy on 4/27/16. He also had a right 10th rib fracture on previous imaging; 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	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		1

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	The patient was diagnosed with renal cancer and underwent open right nephrectomy and retroperitoneal lymphadenectomy on 4/6/17. Scans are being 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 physician is not a hematologist/ oncologist. 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.;	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	The study is requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was 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	14
Urology	Approval	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 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	8
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		2

Urology	Approval	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 abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical	1
Urology	Approval	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 abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit	4
Urology	Approval	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 abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	11
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	3

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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.; It is not known if there are 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.; It is not known if there is a suspicion of an adrenal mass.; It is not known if this is a request to</p> <p>This is a request for an abdomen-pelvis CT combination.; It is not known if there is 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</p>	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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 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</p> <p>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</p>	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>This is a request for an abdomen-pelvis CT combination.; It is not known if there is 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</p>	1

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	7
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The hematuria is due to tumor or mass.; It is not know if this study is being requested for abdominal and/or pelvic pain.; The study is requested	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	2
Urology	Approval	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.; This is a request for evaluation of prostate cancer.; There is a PSA greater than 10.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient	1
Urology	Approval	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.; This is not request for evaluation of prostate cancer.; This study is being ordered for follow-up.; 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 patient is male.; The last Abdomen/Pelvis CT was performed more than 10 months ago.; It is unknown if	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1

Urology	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 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	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; The requested study is for post-operative evaluation.; It is not known if the requested study is a first follow up study for a post operative complication.; Pre-op or post op evaluation; Urinary	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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-	4
Urology	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.; It is not known if the study is requested by a surgeon, specialist or PCP on behalf of a specialist who has seen the patient.; The pre-op evaluation is not for planned or possible ventral hernia repair ordered by a surgeon.; It is not known if the pre-op evaluation is for a known tumor excision.; The pre-op evaluation is	1
Urology	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 requested by a surgeon, specialist or PCP on behalf of a specialist who has seen	4

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	1
Urology	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 Hematuria.; Other; Yes this is a request for a	141
Urology	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; &Enter Additional	5
Urology	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	3
Urology	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; Checking to see if	1
Urology	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; HAS HAD MORE FREQUENCY AND URGENCY, WAS PLACED ON OXYBUTYNIN, WAS TOLD IN 2000 THAT HAD INTERSTITIAL CYSTITIS AFTER ABOUT A MONTH OF SYMPTOMS THAT EVENTUALLY WENT AWAY AND HAS BEEN QUITE UP UNTIL NOW; Yes this is a request for a Diagnostic CT	1

Urology	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; Here to evaluate "bladder pain" in suprapubic area, similar to pain she had when she had "fibrosis tumors involving bladder" in 2002, had UTI last year, started Ditropan XL 5 mg	1
Urology	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; POSSIBLE HERNIA;	1
Urology	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; PT HAVING RECURRENT UTI. HAVING ABDOMINAL PAIN. PT HAS	1
Urology	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; PT HAVING TESTICULAR PAIN FOR SEVERAL MONTHS WITH WEAK URINE STREAM AND INCONTINENCE. ALSO BIL VARICOCELES. PSA 0.2, INSULIN DEPENDANT DM. PT DD HAVE US TO SHOW THE VARICOCELES. HS OF GB	1
Urology	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; RECURRENT UTI AND	1
Urology	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; RECURRENT UTI AND HYDRONEPHROSIS; Yes this is a request for a Diagnostic CT	1

Urology	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; RECURRENT UTI; Yes	9
Urology	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; RULE OUT HYDRO;	1
Urology	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	1
Urology	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; Weigh loss unknown	
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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	240
Urology	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	8
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; There is neither a known nor a strong suspicion of kidney or ureteral stones.; This patient is experiencing hematuria.; Kidney/Ureteral stone; Yes	2
Urology	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 new symptoms including	2

Urology	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 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
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	This is a request for an abdomen-pelvis CT combination.; 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.; There are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Known Tumor, Cancer, 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	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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,	60
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST		4

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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 been a recent (within the last 3 months) Abdomen and/or Pelvis CT.; This would not be a repeat of a CT of the abdomen and or pelvis within 6 weeks.; This patient does NOT have known prostate cancer with a PSA	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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.; It is unknown if this patient has prostate cancer with a PSA (prostate-specific antigen)	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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)	1

Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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</p> <p>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</p>	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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</p> <p>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.; This patient has known prostate cancer with a PSA (prostate-specific</p>	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	<p>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.; This patient has known prostate cancer with a PSA (prostate-specific</p>	1

Urology	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	1
Urology	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	1
Urology	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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 abnormal.; Yes this is a request for a Diagnostic CT	1
Urology	Approval	74181 MRI ABDOMEN	< 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.; A Week ago; There has not been any treatment or conservative therapy.; Right leg pain, right lower quadrant pain; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT,	1
Urology	Approval	74181 MRI ABDOMEN	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1

Urology	Approval	74181 MRI ABDOMEN	; 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	1
Urology	Approval	74181 MRI ABDOMEN	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.; follow-up	1
Urology	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."; The patient has a left lower pole renal mass approximately 1.4 cm in size that is consistent with a hemorrhagic cyst. The mass was discovered 1 year ago and patient opted for surveillance rather than intervention at that time	1
Urology	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."; The patient has a left lower pole renal mass that is approximately 1.4 cm and is consistent	1

Urology	Approval	74181 MRI ABDOMEN	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	1
Urology	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 had an abdominal	1
Urology	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 had an abdominal	1
Urology	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 had an abdominal ultrasound, CT, or MR study."; There are 2 lesions in	1
Urology	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 had an abdominal	1
Urology	Approval	74181 MRI ABDOMEN	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,	1

Urology	Approval	74181 MRI ABDOMEN	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."; A 3 cm suspicious posterior upper pole left renal mass	1
Urology	Approval	74181 MRI ABDOMEN	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."; Approximate 4 cm lesion within the left lobe of the liver which is of 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."; CT scan done on 7/9/17 that showed a heterogenous density 1.9 cm mass, likely enhancing,	
Urology	Approval	74181 MRI ABDOMEN	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."; Retroperitoneal mass, seen on CT 06/26/2017	1

Urology	Approval	74181 MRI ABDOMEN	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 tumor.	1
Urology	Approval	78813 PET IMAGING 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.	1
Urology	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.	1

Urology	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 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.	2
Urology	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 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.	2
Urology	Disapproval	70540 MRI ORBIT/FACE/NECK W/O DYE	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 physician is not a hematologist/ oncologist.	1
Urology	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 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	1
Urology	Disapproval	71250 CT CHEST, THORAX	Radiology Services Denied Not Medically Necessary	RENAL MASS; 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	1

				< 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 not have new or changing neurologic signs or symptoms.;	
Urology	Disapproval	72148 MRI LUMBAR SPINE OR LOW BACK WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	The patient has NOT had back pain for over 4 weeks.	1
Urology	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	< Enter answer here - or Type In Unknown If No Info Given. >; 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 PAIN IN PELVIS; 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	1
Urology	Disapproval	72192 CT PELVIS WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary	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	1
Urology	Disapproval	74150 CT ABDOMEN WITHOUT CONTRAST	Radiology Services Denied Not Medically Necessary		2
Urology	Disapproval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O 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-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 acute pain.; There has not been a physical	1
Urology	Disapproval	74176 CT ABD & PELVIS W/O 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-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	1

Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	1. Kidney Stone: KUB (7-27-17): Bilateral nephrolithiasis, measuring up to 3 mm on the left and 2 mm on the right; Patient has complaints of cont and worse L flank pain. denies LUTS, fever, LAP but thinks she's passing a stone. USK last week ess nl UTI resolved, L flank pain CT abd stone study. Will call. Rx Norco at pt request; 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.; patient has dull left abdominal and increasing urinary infections, patient states that about 27 years ago she had what sounds like a left ureteral reimplant, has been treated appropriately with antimicrobial, also has a history of endometriosis; This is a 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 possible hematuria; 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 Pt has history of prostate cancer.; 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	
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1
Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary		1

Urology	Disapproval	74176 CT ABD & PELVIS W/O CONTRAST	Radiology Services Denied Not Medically Necessary	r/o kidney stones; 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 a left total nephrectomy for chronic stone disease and chronic infection. Scan is being performed for surveillance; 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 not requested as a first follow up study for a suspected or known post-op complication.; This study is not being	1
Urology	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 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 lipase lab test.;	1
Urology	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 clinical findings or indications of Hematuria.; Other; Yes this is a request for a	4
Urology	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 is a known or a strong suspicion of kidney or ureteral stones.; Kidney/Ureteral stone; Yes	1
Urology	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 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	1

Urology	Disapproval	78813 PET IMAGING WHOLE BODY	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 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	1
Urology	Disapproval	78816 PET IMAGING FOR CT ATTENUATION WHOLE BODY 70496 CT	Radiology Services Denied Not Medically Necessary		3
Vascular Surgery	Approval	ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST 70496 CT		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Vascular Surgery	Approval	ANGIOGRAPHY HEAD W/CONTRAST/NONCON TRAST 70498 CT		Yes, this is a request for CT Angiography of the brain.	1
Vascular Surgery	Approval	ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST 70498 CT		; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Vascular Surgery	Approval	ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST		Yes, this is a request for CT Angiography of the Neck.	2
Vascular Surgery	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	1

Vascular Surgery	Approval	71250 CT CHEST, THORAX	Stefanie D Castleberry is a 32 y.o. female with hx of May Thurner's syndrome and previous venous lysis cases and chronic LLE ileofemoral DVT. She was taken to undergo venous lysis catheter placement on 11/22 and LLE Venogram, lysis catheter check and veno; One < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 2015; There has been treatment or conservative therapy.; post op; 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 < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 9/1/2017; There has been treatment or conservative therapy.; absent pulses in left arm, Cyanosis of finger tips; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The	1
Vascular Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	1
Vascular Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	; This study is being ordered for Vascular Disease.; ; It is not known if there has been any treatment or conservative therapy.;	1
Vascular Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	; 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 post-operative evaluation.; There is no physical evidence of re-bleed or re-stenosis.; There is no physical evidence	2
Vascular Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST		1

Vascular Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	Numbness and tingling on the right side of face.; This study is being ordered for Vascular Disease.; Approximately 1 week ago.; There has been treatment or conservative therapy.; Sinuses of the fingers, right	1
Vascular Surgery	Approval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	2
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 an Abnormal x-ray indicating a significant abnormality < Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 9/1/2017; There has been treatment or conservative therapy.; absent pulses in left arm, Cyanosis of finger tips; medication; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.; The	1
Vascular Surgery	Approval	73206 CT ANGIOGRAPHY UPPER EXTREMITY	look at veins , make sure no compression , history of cellulitis , has edema to both lower extremities,; This study is being ordered for Vascular Disease.; 2016; There has been treatment or conservative therapy.; pain and swelling; compression stockings; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	2
Vascular Surgery	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	2
Vascular Surgery	Approval	73700 CT LEG OR LOWER EXTREMITY	< Enter answer here - or Type In Unknown If No Info Given. >; This study is being ordered for Vascular Disease.; 2015; There has been treatment or conservative therapy.; post op; surgery; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
Vascular Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON TRAST	CT/MRI.; The ordering MDs specialty is NOT	1

Vascular Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON	; One of the studies being ordered is a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted CT/MRI.	2
Vascular Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON	; This study is being ordered for Vascular Disease.; ; It is not known if there has been any treatment or conservative therapy.; look at veins , make sure no compression , history of cellulitis , has edema to both lower extremities,; This study is being ordered for Vascular Disease.; 2016;	1
Vascular Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON TRAST	There has been treatment or conservative therapy.; pain and swelling; compression stockings; One of the studies being ordered is NOT a Breast MRI, CT Colonoscopy, EBCT, MRS, PET Scan, or Unlisted	1
Vascular Surgery	Approval	74174 CT ANGIOGRAPHY ABDOMEN AND PELVIS W/CONTRAST/NONCON	This is a request for CT Angiography of the Abdomen and Pelvis.	11
Vascular Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	R/O hernia Stefanie D Castleberry is a 32 y.o. female with hx of May Thurner's syndrome and previous venous lysis cases and chronic LLE ileofemoral DVT. She was taken to undergo venous lysis catheter placement on 11/22 and LLE Venogram, lysis catheter check and veno; One	1
Vascular Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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 planned for within 30 days.; This study is not being requested for	1
Vascular Surgery	Approval	74176 CT ABD & PELVIS W/O CONTRAST	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-	1

Vascular Surgery	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 requested by a surgeon, specialist or PCP on behalf of a specialist who has seen	1
Vascular Surgery	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.	10
Vascular Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT); single study		Normal sinus rhythm	
Vascular Surgery	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 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.	1
Vascular Surgery	Disapproval	70498 CT ANGIOGRAPHY NECK W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	Numbness and tingling on the right side of face.; This study is being ordered for Vascular Disease.; Approximately 1 week ago.; There has been treatment or conservative therapy.; Sinuses of the fingers, right . s/p TEVAR for type B dissection; This study is not requested to evaluate suspected pulmonary embolus.;	1
Vascular Surgery	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a post-operative evaluation.; There is no physical evidence of re-bleed or re-	1

Vascular Surgery	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	; 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.	1
Vascular Surgery	Disapproval	71275 CT ANGIOGRAPHY CHEST W/CONTRAST/NONCON TRAST	Radiology Services Denied Not Medically Necessary	; 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.; It is not known whether there are	1
Vascular Surgery	Disapproval	74175 CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCON	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdomen.	1
Vascular Surgery	Disapproval	75635 CTA AA&BI ILIOFEM LXTR RS&I C- /C+ POST-PXESSING	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	1

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atural-based density measuring 1.7 cm in size left lower lobe, not significantly changed compared to the prior CT. 